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Too Much of a Good Thing? Weight
management, obesity and the healthy body in
Britain, 1950 -1995



Harvey Flack, *Food for the Family*, British Medical Association, 1960

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Submitted in fulfilment for the Degree of Doctor of Philosophy in

Economic and Social History

School of Social and Political Sciences

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Abstract

'Too Much of a Good Thing?' Weight management, obesity and the healthy body in Britain 1950 – 1995, examines the social and cultural interactions that have helped to forge understandings of the healthy body in Britain since the Second World War. Weight management has occupied a complex cultural space since 1950. The growth of an affluent society created a new set of public health problems for those who sought to improve the health of the nation; yet, the control of one's weight is a highly individualised task that requires people to develop a form of self-governance that is to be ceaselessly exercised. Every meal, every snack, every drink that passes the lips of the dieting individual has to be measured and accounted for, if one is to succeed in losing weight. Through an examination of state policy, medical advice, and popular culture, this thesis traces the various social actors that have contributed to contemporary understandings of obesity. It is argued that, over the period, the overweight body was re-fashioned from a personal problem, to a public health problem with personal consequences. The greater the perceived threat of obesity to public health, the more carefully individual self-governance was offered as the solution. Self-governance of the 'weighted self' was, however, gendered. Women were the central pillar, as the social group most likely to engage in weight control, and in their roles as mothers and wives, around which the web of responsibility for overweight was formed.

Author's declaration

I declare that, except where explicit reference is made to the contribution of others, this dissertation is the result of my own work and has not been submitted for any other degree at the University of Glasgow or any other institution.

Signature: _____

Printed name: _____

Table of Contents

Abbreviations.....	8
Acknowledgements.....	10
Introduction.....	11
Historical Definitions of Health and Wellbeing	14
Dieting and Representations of Obesity Prior to 1900.....	15
Under-nutrition and Over-nutrition: Comparisons of American and British dieting cultures before the Second World War	19
Slimming Women: The predominance of women in histories of weight management in the 20 th century.....	17
The Challenges of, and Challenges to, Affluence: The economic and social history of Britain 1950-1995	22
Theoretical Approaches to Weight Management and Obesity.....	27
Originality of Thesis.....	35
Methodology: Sources, samples and setbacks	36
Structure of Thesis.....	39
Chapter 1: Affluence, Lifestyle Choices, Inequalities and the State	42
Obesity and Bio-Politics: The theoretical contextualisation of national responses to obesity.....	43
Health, Wealth and Milk: Universal provision of nutrition under the Welfare State	52
Coronary Heart Disease and Obesity: Responding to diseases of affluence	57
‘Butter Mountains’: International politics and British food policy	61
Affluence and Illness: Post-war assumptions about nutritional health and obesity	64
Revising Affluence? Obesity, neo-liberalism, poverty and inequalities in health	67
Health inequalities in the UK: A case study using the West of Scotland	69
Food Deserts: Poverty, industrial decline and food choice	74
Conclusion	79
Chapter 2: Medicine, Feminism, and Treating Obesity 1950-1995	82
Theoretical Approaches to the Medical Encounter and the Obese.....	82
Who, What, When and Where? Uncovering post-war nutritional advice and the demographic incidences of obesity 1950-1995	88
Dieting with Doctor: The fight for legitimacy in the commercial world of slimming.....	96
Fat Turns Deadly: Obesity, epidemiology, CHD and weight management practices	99

Housewives, Pep-pills, and Moral Degeneracy: Attitudes towards medicating obesity	104
Unhappy Eaters: Weight, feminism and psychoanalysis	107
Body Image and medical treatment of obesity	111
Medical Discourses of Weight Management Since 1980.....	114
‘Lifestyle Counselling’ and Holistic Approaches to Weight Management	117
Conclusion	120
Chapter 3: Just a Little Puppy Fat? Mothers, overweight children and the childhood weight.....	122
Celebrating the ‘Big Bonny Baby’: Pre-1950 attitudes to childhood weight.....	127
Shifting Attitudes to Childhood Weight: The ‘creation of overweight children’	131
Poor Lonely Valerie: Stigmatisation and overweight in childhood	133
A Cruel Kindness - Maternal Responsibility, Neglect and ‘Misplaced Affection’	140
Spreading the Web of Influence: Alternative influences on children’s behaviour	149
From Coercion and Control to a Child-Parent Partnership	156
Schools, Healthy Eating Campaigns and Developing Children’s Self-Governance.....	158
Conclusion	165
Chapter 4: Women, Femininity, Weight loss and the Creation of the Ideal.....	169
Measuring Up: Advice on ideal weights and the expectations of body shape on women	175
Health’s Uncertain Role: The silence of health related discourse in motivations for weight loss.....	180
Daring to bare? The social boundaries of confidence and the role of aesthetics.....	183
Weight Loss as a Process of Self Fulfilment and Discovery	188
Weight Loss and the Transformation of Personal Relationships	191
The ‘Fat Girls Club’ and Early Anti-dieting Discourses.....	196
Feminist Anti-diet Ideologies and their Assimilation into Mainstream Dieting Discourse	201
A Diet Gone Too Far? Overweight, feminism and eating disorders	207
Exercising Freedoms: Portrayal of exercise in the mass media	209
Dieting as a Cyclical Process	214
Conclusion	217
Chapter 5: Slimming through the generations: constructions of dieting and femininity in the lifecycle	220
An Introduction into the World of Slimming: The ‘cool older sister’ and dietary advice	225
Developing the adult self through weight management.....	232

Marriage, Motherhood and 'Excuses' for Getting 'Fat'	239
Women as nurturers: Losing weight for the benefit of her family.....	243
Avoiding the marks of time: weight management, aging and pregnancy	245
Managing daughter or managing mother? The reproduction of attitudes towards weight loss in women	252
Conclusion	260
Chapter 6: She Keeps Feeding me Rabbit Food! Masculinity and Weight	
Management, 1950-1995.....	263
The superhero, the executive, or the hapless middle aged man? Constructions of weight and dominant masculinities in male weight advice literature.....	269
Theoretical frameworks for masculinity	269
The Executive and the 'Big Wheel' Gender Role.....	271
'No Sissy-Stuff' and the Anti-Dieting Man	278
Breadwinners and Privacy, the 'Sturdy Oak' Gender Role	288
'Given 'em Hell' and the Everyman Superhero	290
This man just ignores the menu! Marriage, food preparation and the conflicted nature of male responsibility	294
Who's cooking? Marriage and negotiating responsibility of diet	300
Learning to Tread Carefully: Men, self-consciousness and women's support in weight management.....	305
Conclusion	311
Conclusion	314
Bibliography.....	320
Secondary Source Material	320
Primary Source Material	333

List of Figures

Cover	Harvey Flack, <i>Food for the Family</i> , British Medical Association, 1960
Figure 2.1	‘Obesity in Britain: Gluttony or Sloth?’, <i>British Medical Journal</i> , 1995 p. 92
Figure 2.3	‘Obesity in Britain: Gluttony or Sloth?’, <i>British Medical Journal</i> , 1995 p. 92
Figure 3.1	‘Milk the Backbone of Britain’, Ministry of Food, c.1942..... p. 129
Figure 3.2	Selection of images taken from <i>Overweight Children: A Cruel Kindness</i> , ed. Trevor Weston, 1968 p. 137
Figure 3.3	Harvey Flack, <i>Food for the Family</i> , British Medical Association, 1960 p. 145
Figure 3.4	<i>Background Study On Slimming</i> , Mass Observation Ltd, 1968 p. 152
Figure 4.1	<i>Sensible Slimming with T.V. Girl Averil Ames</i> , A Daily Graphic and Daily Sketch Publication, 1952 p. 181
Figure 4.2	Advert for ‘Ayds’ Slimming Tablets, published in <i>Good Housekeeping</i> , 1970 p. 192
Figure 4.3	‘Beating the Christmas Binge: Eating For Health’, <i>Good Housekeeping</i> , 1990 p. 218
Figure 5.1	‘A Slim Chance!’, <i>Jackie</i> , 1980 p. 233
Figure 5.2	‘A Slim Chance!’, <i>Jackie</i> , 1980 p. 233
Figure 5.3	‘The Losing Game’, <i>Good Housekeeping</i> , 1970 p. 245
Figure 5.4	‘Heirs and Graces’, <i>Good Housekeeping</i> , 1960 p. 248

Figure 5.5	'Heirs and Graces', <i>Good Housekeeping</i> , 1960	p. 248
Figure 6.1	'Get a kick out of feeling fit', <i>Scottish Sunday Express</i> , 1960	p. 273
Figure 6.2	'Would you like to feel ten years younger?', <i>Scottish Sunday Express</i> , 1960	p. 273
Figure 6.3	'Would you like to feel ten years younger?', <i>Scottish Sunday Express</i> , 1960	p. 273
Figure 6.4	'Cedric Carne, 'Are you being killed by kindness?', <i>Scottish Sunday Express</i> , 1960	p. 309
Figure 6.5	'Garry Appleby, 'The weekend Gambols', <i>Scottish Sunday Express</i> , 1960	p. 311

List of Tables

Table 2.1	Rowntree's Recommended Daily Calorie Intake for Men, Women and Children Aged 8 to 16 Years & 3 to 8 Years (1902) p. 90
Table 2.2	Recommended Daily Calorie Intake for Men, Women and Children Aged 7-10 Years (1950) p. 90
Table 2.3	Recommended Daily Calorie Intake for Men, Women, and Children Aged 11-18 and 4-10 Years (1995) p. 91
Table 4.1	Table to show the comparative weight values from <i>Good Housekeeping</i> (1950), <i>Jackie</i> (1972) and the British Heart Foundation (2009) p. 17

Abbreviations

BDA - British Dietetic Association
BMA - British Medical Association
BMJ - British Medical Journal
BMI - Body Mass Index
CAP - Common Agricultural Policy
CHD - Coronary Heart Disease
CMO - Chief Medical Officer
CMAN - Committee on Medical Aspects of Nutrition
CNS - Committee for Nutritional Surveillance
DHSS - Department of Health and Social Security
EEC - European Economic Community
EU - European Union
GMC - General Medical Council
MLAC - Metropolitan Life Assurance Company
MRC – Medical Research Council
MOH - Ministry of Health
NAAFA - National Association to Aid Fat Americans
NICE - National Institute of Clinical Excellence
NHS - National Health Service
OPEC - Organisation of Oil Exporting Countries
USDA - United States Department of Agriculture
WHO - World Health Organisation

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Introduction

*I knew what they were laughing at –
It was at me – for I am too fat –
I've tried to diet but in vain,
My curves have gone – my figure's plain.
My waist's too tight, my girdle pinches
How have I gained those extra inches?
My conscience answers: "It was bread,
And sweets, and chips, have caused that spread!"
I know my strength of will is weak,
So help from others I must seek,
To slim my bulges I will try.
Recording Angel hear my cry,
This time I do intend to win,
And end up like my friends – QUITE THIN.¹*

- 'A Lament', Anon

'A Lament' was attributed to a 'young teenage girl' writing for a slimming magazine; yet, despite her youth, this poem illustrates that she had absorbed and re-appropriated many of the central tenets of popular dieting culture. Her appeal to a dieting deity touches on many of the themes that are drawn through this thesis and highlights a sophisticated understanding of how she, as a failed dieter, should frame her own behaviour. It was not the cost of a healthy diet (nor the lack of control she might have had over what she ate) that caused her 'spread', but her own 'strength of will' that had failed her. Awareness of the social stigma of obesity, and the desire to look or feel like others, radiates from the poem, and forms a powerful motivation for her renewed endeavour. Moreover, her soliloquy was not a public statement of intent, but a private one made to a higher power; it is a promise to herself that she will succeed in controlling her impulses and achieve an improved state of self. From 1950 to 1995,

¹ Whilst this poem was originally published in 'A girl's weight control group magazine', this version was reprinted in Phyllis Mortimer, *Overweight Children* (BMA Family Doctor Booklet, 1970), p. 30.

weight management was presented as a liberating process of self-transformation, reliant on one's self control, motivated by a desire to be deemed socially acceptable.

At the beginning of the 21st century, obesity was imbued with a level of urgency as the World Health Organisation (WHO) declared that it was a global 'epidemic'.² By labelling it in this way, the WHO cemented obesity as a dangerous, deadly disease that was out of control. Fears about the social, economic, political, and health implications of an obese population are expressed in much of the literature on body weight. Writers are often quick to point out the potentially dire consequences of obesity on UK mortality rates; it is currently estimated that mortality attributable to overweight and obesity stands at 8.7%.³ Another concern, commonly raised about the growth of obesity, is the impact that it has on the National Health Service (NHS), with calculations suggesting that in 2007 the cost of treating obesity, and obesity related diseases, reached £4.2 billion.⁴ It has also been predicted that by 2050 half the population will be obese, and, if this were to occur, the related costs would stretch to £50 billion a year, thereby bankrupting the NHS.⁵ The final warning that is often used about the increasing rates of obesity is the cost of excess weight to the economy; it has been estimated that in 2015 the cost of obesity to the national economy, through factors such as working days lost, will reach £15 billion.⁶

Accepted wisdom argues that only through successful weight loss, and the development of effective forms of weight management, will obesity rates, and associated costs, begin to decline. Dieting is well documented to have little effect on the weights of individuals over a sustained period of time, and cyclical nature of dieting and bingeing is an understood feature of contemporary society.⁷ Yet the cultural

² *Obesity: Preventing and managing the global epidemic, Report of a WHO consultation* (WHO Technical Report Series no. 894, 1999).

³ Annual deaths attributable to overweight or obesity currently stand at 8.7%, this is higher than the European average of 7.7%, and significantly higher than France where it stands at 5.8%. Banegas *et al.*, 'A Simple Estimate of the Mortality Attributable to Excess Weight in the European Union', *European Journal of Clinical Nutrition*, vol. 57 (2003), pp. 201-208.

⁴ Butland *et al.*, *Tackling Obesities: Future Choices – Project Report*, 2nd ed. (Government Office for Science: The Stationary Office, 2001).

⁵ *State of the Nation's Waistline, Obesity in the UK: Analysis and expectations*, Produced by the national obesity forum for National Obesity Awareness Week, <http://www.noaw.org.uk/wp-content/uploads/2014/01/State-of-the-Nations-Waistline-Obesity-in-the-UK-Analysis-and-Expectations.pdf>

accessed 30th October 2014.

⁶ *Ibid.*

⁷ Janet Polivy and Peter Herman, 'Dieting and Bingeing: A causal analysis', *American Psychologist*, vol. 40, no. 2 (1985), pp. 193-201. Also, Susie Orbach *Fat is a Feminist Issue: The Anti-Diet Guide + Fat is a Feminist Issue II: Conquering Compulsive Eating* (London: Arrow Books, 2006).

relationships that produce, and reproduce, this advice have received relatively little attention from scholars in the social sciences.⁸ Therefore, this thesis seeks to enhance our understanding of the ways that weight management practices have developed: the motivations that have been presented to individuals for reducing the size of their bodies; how the perceived 'failure' of individuals to maintain an appropriate body weight was treated within dietary literature; and, finally, how social relationships sought to reinforce cultural expectations regarding the governance of body weight. By addressing these questions in an historical context, it should be possible to reflect on the social antecedents of present day expectations about the body and weight. Certainly, it is possible to trace some of the current problems that face public health practitioners to the ways that weight management advice has been constructed since the Second World War. Perhaps, with this improved understanding of the strains and pressures historically placed on people regarding their body weight, it would be possible to consider these contemporary concerns with a fresher perspective.

The following chapter begins by sketching the current landscape of histories of diet, health, and wellbeing. Following on from this, the economic and social development of post-war British affluence is considered, and the parallels that are often drawn between US and UK experiences of diet and affluence are questioned. Building on existing histories of dieting, this chapter then turns to a consideration of the theoretical approaches to obesity. It is suggested that the feminine experience has tended to dominate sociological and historical interest in the body, as a result of early feminist interventions in the sphere of society, diet and body image; as a result the male experience has tended to be hidden from view. Foucauldian theories of governmentality are explored as an alternative theoretical approach and the reasons for its use as a theoretical framework in this thesis are established. Finally, the chapter turns to the originality, methodology, and structure of this body of work.

⁸ This thesis uses the words overweight and obesity in an interchangeable manner; of course, there are discrete differences between overweight and obesity, with overweight comprising those with a Body Mass Index (BMI) 25 – 30, and obesity for those with a BMI over 30. However, in the context of this thesis, it is used to denote individuals whose body weight is perceived to be higher than the ideal weights promoted as 'healthy'. For further discussion and problematisation of BMI see chapter 2.

Historical Definitions of Health and Wellbeing

Historians of health and wellbeing have demonstrated that understandings of the body are historically contingent, and reflect broader social, political, and intellectual trends. Klaus Bergdolt, whose tour de force *Wellbeing: A cultural history of healthy living* spans from ancient Mesopotamia to 19th century philosophers such as Nietzsche, outlined how the experience of physical embodiment would have been notably different for people living before the mid-19th century. For most people, pain and physical discomfort was a feature of everyday life; with limited medical care available painful conditions could last for long periods of time, perhaps even the remainder of one's life. As a consequence, chronic pain was part of the natural ebb and flow of existence, until socio-scientific developments, such as the mass dissemination of opiates and improved medical care, occurred during the 19th century.⁹ With the ability to control or relieve pain, and the medical advancements that occurred during the same period, came the widespread hope that people might live lives that were not only free from pain, but where they also lived in 'health'.

Health, from a medieval or early modern perspective, was an idealised state that was belied by most people's experiences of their bodies. In a practical sense, however, one would have been considered healthy if one's organs were 'silent', which meant that they were not in chronic pain. However, this could mean that a person was considered healthy if they were not debilitated in their daily life by illness.¹⁰ By 1900, many diseases were becoming treatable and there were new more effective ways of controlling pain in the population, and as a result illness, disease, and pain were now characterised as deviations from the normalised state of 'health'. Coupled to this new conceptualisation of health was the expectation that if people were ill they would seek treatment for their condition - this meant that individuals were increasingly perceived as responsible for their own health.

New tools were also developed that could be viewed as enabling people to appropriate this new responsibility for their health. During the 19th century, a new formation of health began to develop, as a scientific, laboratory focused, approach to medicine began to evolve. Health was increasingly something that could be measured

⁹ Klaus Bergdolt, *Wellbeing: A Cultural History of Healthy Living* (Cambridge: Polity Press, 2008), p. 4.

¹⁰ Bergdolt, *Wellbeing*, p. 2.

and quantified through certain tests. To illustrate, it was at the turn of the century that the first tables for categorising body weight were produced, and it was also at this time that ways of measuring the energy contained in food were developed.¹¹ Neither of these developments, in and of themselves, improved people's health but they gave society a framework, through which health could be measured. Since 1900, such measurements have become fundamental to how men and women perceive their own bodies and the health value of the food that they eat.

In the aftermath of the Second World War the newly founded WHO crystallised the understandings of health outlined above, in its definition of what it meant to be 'healthy'. Since it was first developed in 1946, this definition has not been altered. It states that health is: "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."¹² Although this definition might still be considered idealised, it enshrined the idea that health was about more than the absence of discomfort or pain; healthy populations were physically and emotionally contented populations. However, the WHO's definition also indicated that health was something that should be aimed for by the populace, the state, and the medical profession. Obesity fell neatly into this new paradigm of health, as excess weight needn't present any immediate health problem, but would still be viewed as contravening the picture of complete mental and physical wellbeing.

Dieting and Representations of Obesity Prior to 1900

Dietetics, as a specialist branch of interest within the broader scope of health, has, according to Bergdolt, always garnered significant attention. Its popularity within broader discourses on health was due to the fact that it always offered clear rules for people to live by. It also promised 'salvation' through such means - thereby offering a feeling of control over one's health in an unpredictable world.¹³ As noted above, dietetics followed the broader trend, towards a scientific framework for understanding

¹¹ See Hillel Schwartz, *Never Satisfied: A Cultural History of Diets, Fantasies and Fat*, (New York: The Free Press, 1986), esp. chapters 5 and 6.

¹² *Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7th April 1948.* <http://www.who.int/about/definition/en/print.html> accessed 7th October 2014.

¹³ Bergdolt, *Wellbeing*, p. 5.

of health during the latter part of the 19th century. However, there were traditions that linked diet to morality that pre-date the scientific principles of modern dietetics, traditions which arguably remain to date. Bergdolt argues that poor health was often associated with sin, whereas virtue, and an orderly lived existence, was reflected in the good health of the individual.¹⁴ Therefore, one's moral character could be physically written on one's body, and there was no more visual example of this than obesity.

Obesity has long been tied to its playmate, the mortal sin of gluttony. Hillel Schwartz, in his cultural history of diet and fantasy, described how medieval morality plays would show 'gluttons' being lured into hell by banquets of extravagance. Gluttony was a cardinal sin that arose from people being unable to take a 'true measure' of their needs, leading to disproportionate indulgence.¹⁵ What is notable about these descriptions of medieval morality plays, as well as other representations of indulgence, is that it is not the body of the glutton that is condemned, but the activity of overeating that was considered immoral. Over the proceeding centuries, however, the physical manifestation of overweight began to attract greater censure from commentators. This can be seen through the increasing visual representation of obesity or fatness as an indication of wider moral failings. Louise Foxcroft has described how representations of George IV, as both king and prince regent, signified a watershed in depictions of obesity; because his excess weight was folded into stirrings of social discontent:

Hugely overweight and known as the 'Prince of Whales', he had a reputation for being notoriously dissolute and spendthrift when war, taxation, and death weighed heavily on the poorer classes. Excess and gluttony, written on his body in flesh, were not just personal failings, but moral and political sins too.¹⁶

Clear moral judgements about the consumption of food in excess by elites during periods when starvation and famine still afflicted the population had evidently developed. Therefore, it would seem that it was the politicisation of access to food, and discontent with the wealthier classes, that drove the association between gluttony and

¹⁴ *ibid.*

¹⁵ Schwartz, *Never Satisfied*, p. 9.

¹⁶ Louise Foxcroft, *Calories and Corsets: A History of Dieting Over 2,000 years* (London: Profile Books, 2013), p. 40.

a moral condemnation of the fat body. The link that developed between obesity and morality is also underlined by the fact that dietary management was increasingly presented as a moral victory. Men were traditionally seen as the archetypal dieters, it was men that were able to tame their own excessive appetites and succeed in losing large amounts of weight - in a feat of muscular willpower.¹⁷ By the start of the 19th century, weight had resolutely developed into a moral failing and dietary management was presented as the reassertion of principles that had been lost, thereby allowing obesity to develop in the first place.

Histories of dieting tend to pinpoint the mid-19th century as the moment when modern frameworks for understanding weight and weight management were developed. Foxcroft suggests that it was during the 19th century that the 'unforgivingly harsh' judgement on looks and weight were established; it was, she states, the age of self-help, and "humiliation was never far away as a motivational force".¹⁸ Likewise, Peter Sterns argues that it was during the Victorian era, when the ideal of personal liberty became so strongly embedded in political thought, that internal strictures (rather than external restraints like poverty) needed to be established.¹⁹ External factors may have long prohibited most of the population from being able to consume at will, but limitations, in the form of moral and legal codes, now also prevented the upper classes from unbridled consumption.

Slimming Women: The predominance of women in histories of weight management in the 20th century

Women have often featured heavily in histories of dieting, which tend to draw on broader aspects of social change that were occurring throughout the 'West'. In industrialised countries, the fat body has long been linked to unflattering characteristics, such as laziness and lack of self-control, while slenderness is equated to beauty.²⁰ Likewise, fashions continued to cross social and cultural barriers in this period.

¹⁷ Schwartz, *Never Satisfied*, p. 16.

¹⁸ Foxcroft, *Calories and Corsets*, pp. 91-92.

¹⁹ Peter N. Stearns, *Fat History: Bodies and Beauty in the Modern World* (New York: New York University Press, 2002), p. 5.

²⁰ G. A. Bray, 'Obesity: Historical development of scientific and cultural ideas', *International Journal of Obesity*, vol. 14, no. 11 (1990), pp. 909-926.

For instance, the flapper aesthetic, which is often pinpointed as the beginning of the idealisation of the very slender female body shape, was adopted in many Western countries during the 1920s. Indeed, Foxcroft argues that the flapper aesthetic, which emphasised a narrow figure, smooth silhouette, and flat chest, originated from the ateliers of Parisian fashion houses in the early 1920s, but became very popular throughout Europe and North America.²¹ Looser fitting clothes, shorter hem lines, and the declining use of corsets are often held to be examples of the way that women were experiencing greater freedoms throughout the West. However, although these clothes are popularly presented as a form of liberation, they are viewed somewhat differently by historians of the period. Both Stearns and Foxcroft view the development of the very slender aesthetic at this time as a way of re-containing women at the very moment that they began to breakdown established social mores. Following in the tradition of feminist scholars writing on historical perceptions of women's bodies and health, Stearns argues that the 1920s and 1960s - decades associated with the idealisation of the very slender female forms - represent misogynistic phases in the history of women, fashion, and diet. Over the 20th century, the "focus primarily, and often very nastily [fell] on American women"; because dieting had been established as a moral issue, a slender body became a way of atoning for past indulgences.²² Women may have been slowly achieving greater social, cultural, economic, and sexual freedoms throughout the 20th century, but at the same time, women's bodies were becoming more constrained in other respects, with fat becoming a visual symbol of a "deeper disgrace".²³

Perhaps due to the emphasis on femininity within dieting cultures, the majority of existing work on the history of dieting tends to be written from an explicitly feminist stance. Therefore, feminists were also the first group of scholars to systematically draw attention to the social dimensions of weight management. Due to the early intervention of feminism in this topic, much of the existing literature on the historical methods of dieting follows the fluctuating aesthetic ideals of women's bodies. Often this research emphasises the 'cult' of slenderness during the 20th century, and the potentially negative impact this has had on women's body image.²⁴ Many of the arguments made

²¹ Foxcroft, *Calories and Corsets*, pp. 113-4.

²² Stearns, *Fat History*, p. 71.

²³ *Ibid.*, p. 87.

²⁴ For examples of this vein of literature, see Naomi Wolf, *The Beauty Myth: How image of beauty are used against women* (London: Vintage, 1991); or, Susan Bordo, *Unbearable Weight: Feminism, Western Culture*

by these authors remain relevant to historical and contemporary analyses of weight management, and it will be shown in this thesis that a strict and relatively narrow representation of female bodies persisted throughout the period 1950-1995. Although aesthetic representations of women's bodies remained consistent, it is argued in this thesis that there was an underlying linguistic shift used in weight management literature. This shift occurred when feminist arguments about the negative impact of social mores regarding body weight began to gather pace from the early 1980s onwards. However, this thesis also moves beyond a focus on the prevalent cultural pressures to stay thin and considers how weight management was expected to fit into women's family lives and conceptions of self.

Under-nutrition and Over-nutrition: Comparisons of American and British dieting cultures before the Second World War

Writers such as Stearns, Schwartz, Foxcroft, and Bergdolt have all argued that economic restrictions on food consumption began to lift in the later part of the 19th century as the cost of food began to fall - due to agricultural and technological innovation. As a consequence, obesity became an affliction that could affect the middle and lower classes, as well as the wealthiest strata of society, and so the class associations began to evolve. This is particularly significant for Bergdolt who concludes his monograph by describing how the ability of the general populace to consume food in an unrestricted way, caused the upper classes to recoil from ostentatious forms of behaviour. Where the upper classes trod the middle classes followed, and so, as elite tastes became increasingly Spartan, so too did the upwardly mobile middle classes.²⁵ Conspicuous consumption, through an abundant dinner table, became associated with the lower middle classes trying to display their new found wealth.

Schwartz argues that, in the US, it was at the turn of the century when the economic balance tipped, and the problem of over-nutrition became more significant than malnutrition. As a result of this economic shift, obesity was increasingly perceived

and the Body, (Berkeley: University of California Press, 2003; or, Kim Chernin, *Womansize: The Tyranny of Slenderness*, (London: Women's Press, 1983).

²⁵ Bergdolt, *Wellbeing*, p. 283.

as a pressing social concern in America.²⁶ Wilbur Atwater's 1887 calculations for the United States Department of Agriculture (USDA) on the daily energy requirements for men, women, and children were amongst the first of their kind in the world, and have been used in many studies of poverty. Yet, for Atwater, these calculations were being developed in a society where the dominant discussion centred on how to encourage people to eat less. Poor habits of shopping, preparing, and cooking food were highlighted as a particular problem, and this arose - for Atwater - from the 'sloppy' habits of poor Americans who were injudicious because of the land's natural abundance.²⁷ Naturally, it could also be argued that the emphasis on affluence in the US was not representative of people's experiences, as poverty continued (and continues) to be a notable problem, particularly amongst non-white populations.²⁸ Nevertheless, a political rhetoric had been established whereby it was the challenge of affluence, not the problem of poverty, that most afflicted the American population.

From an American perspective, it is clear that it was at the turn of the 20th century that affluence and abundance - at least in the context of food consumption - was established as part of the national social and political discourse. Arguably, however, this political and moral concern about the overconsumption of food en masse was not found in Britain until after the Second World War. At the turn of the century in the UK, the greatest concern was whether the population had access to an adequate amount of food. Contributors to this discussion included Charles Booth and Seebohm Rowntree, who wrote prominent reports on the existence of poverty in London and York respectively. Broadly speaking, both authors argued along similar lines, emphasising that there were high levels of poverty in the areas that they had studied, and both eventually became involved in campaigns for social reform as a response to their experiences.²⁹ Notably, Rowntree used Atwater's calculations of daily energy requirements as the basis for his costings of minimum living expenses, but he did not share Atwater's disdain for the poorly nourished. Interestingly, Atwater's recommendations were higher than those traditionally used in Europe; Rowntree

²⁶ Schwartz, *Never Satisfied*, p. 86.

²⁷ Schwartz, *Never Satisfied*, p. 86.

²⁸ See chapter 6 of David M. Kennedy, *Freedom From Fear: The American People in Depression and War 1929-1945*, (New York: Oxford University Press, 1999).

²⁹ See Charles Booth's *London: A Portrait of the Poor at the Turn of the Century, Drawn from his 'Life and labour of the people in London'*, ed. Albert Fried and Richard Elman (Harmondsworth: Penguin, 1971), and B. Seebohm Rowntree, *Poverty: A Study of Town Life* (Macmillan and Co, 1902).

argued that the European calculations (largely conducted by Carl von Voit) were based on the actual amounts consumed by workers rather than on calculations of what labourers would actually require. Rowntree also argued that American workers were understood to have a higher standard of living, and the number of people in York who failed to reach Atwater's minimum requirements was clear evidence of extensive levels of poverty in the city.³⁰ Therefore, from the beginning of the 20th century, there were established divisions between the economic power, wealth, and wellbeing of American and British workers.

Disparities between the American and British experience of affluence makes the use of America as a proxy for Britain problematic. Of those writers that consider the socio-cultural history of dieting, the majority write on the US - although they do tend to refer to their work as histories of the 'West', or the 'modern' world. This geographical generalisation results in authors drawing on examples from the UK and the USA interchangeably. However, despite the existence of increasingly affluent American workers from the turn of the century, it is argued within this thesis that discourses regarding mass over-nutrition, over abundance, and obesity in the UK were phenomena of the post-war period. This argument is supported by Avner Offer who suggests that British experiences of affluence and consumerism generally fell about a generation behind those of their American counterparts.³¹ Therefore, one does need to be careful about the ways in which comparisons are drawn between the histories of these two countries, particularly in matters that were influenced by rates of economic development.

As a reflection of this economic disparity, there were also differences in the way that weight management advice developed in the two countries. Ina Zweiniger-Bargielowska, writing on inter-war obesity, or 'cultures of the abdomen', argued that the focus of concern did not centre on women, as was the case in the US at this time, but on men - who were expected to hone their bodies so that they could embody the ideals of race and civic virtue. Contrary to the commercialised American slimming culture of the inter-war period, which focused on women and used dietary restriction to achieve dietary goals, those prevalent in the UK were concerned with the physical

³⁰ Rowntree, *Poverty*, chapter VI (The Poverty Line, especially pp.92-98).

³¹ Avner Offer, *The Challenge of Affluence: Self Control and Well-Being in the United States and Britain Since 1950* (Oxford: Oxford University Press, 2006), p. 7.

culture of exercise as a way of reducing.³² Furthermore, the purpose of dieting was not constructed as a wholly personal endeavour; rather, it was incorporated into broader national concerns regarding race and the physical deterioration of the populace.³³ Therefore, although the US may have developed an extensive commercialised dieting culture, Zweiniger-Bargielowska's work highlights that within the UK - where issues of poverty still garnered greater attention - obesity continued to be framed as a problem that plagued older, wealthier men. At this time, weight management in Britain was not constructed as a process of self-discovery (as occurs in later weight management cultures) but was framed as an endeavour for the betterment of the nation.

Histories of weight management also tend to adopt a survey approach to the topic, focusing on the long-term changes in cultural meanings attached to body fat. Some authors, like Sander Gilman, Schwartz, and Stearns, pick up the story with the development of modern industrial societies.³⁴ Whereas others, like Bergdolt and Foxcroft, take a much longer view starting with the ancient societies of Mesopotamia or Persia and tracing this through to the modern age. Therefore, the story of post-war affluence and its impact on obesity discourses tends to be relatively limited within these histories. This means that the broader socio-political context remains unexplored - despite popular interest in the obesity 'epidemic' and widespread fears about obesity rates. As a result, this thesis focuses specifically on the post-war period, seeking to explore how weight management shifted in response to growing concerns about the impact of obesity from state and medical institutions, as well as the broader socio-economic conditions of increased wealth and affluence.

The Challenges of, and Challenges to, Affluence: The economic and social history of Britain 1950-1995

In Britain, it was not until the 1950s that cultural assuredness of the existence of affluence was sufficiently established that it became embedded within the national

³² Ina Zweiniger-Bargielowska, 'The Culture of the Abdomen: Obesity and reducing culture in Britain, circa 1900-1939', *Journal of British Studies*, vol. 44, no. 2 (April 2005), p. 244.

³³ *Ibid.*, p. 245.

³⁴ Sander Gilman, *Fat: A Cultural History*, (Cambridge: Polity Press, 2008); also, *Obesity: A Biography* (Oxford: Oxford University Press, 2010).

discourses regarding food, nutrition, and health. This thesis argues that, although the national focus may have been the impact of poverty prior to the Second World War, as soon as rationing restrictions were removed in the early 1950s, the primary focus switched to the potential consequences of over-consumption. These shifting food, health, and nutrition discourses unsurprisingly coincided with the post-war 'golden age', which is generally dated as lasting from 1945 to 1973, the year of the OPEC (Organisation of Oil Exporting Countries) oil crisis.³⁵ Zweiniger-Bargielowska marks the start of affluence as 1951; this is because it was the year of the Conservative general election victory, which was fought under the banner of ending wartime rationing controls and a popular desire for the end of austerity.³⁶ For the purpose of this study, the early 1950s mark an important period because it was only with the removal of food controls at this time that concerns about the impact of unrestricted food consumption could surface.³⁷ Although the debate continues about the exact nature of prosperity in the post-war period, or, indeed, the best way of measuring the affluence, most indicators do suggest that Britain was becoming wealthier. For instance, between 1948 and 1998, income per capita increased by 191%, or at a rate of 2.2% per annum;³⁸ between 1950 and 1973 an even higher growth rate of 2.43% was recorded.³⁹ Likewise, rates of homeownership increased: with 31% of people owning their homes in 1951, rising to 67% by 1991.⁴⁰

Revisionist histories of post-war affluence in the UK tend to argue that perceptions of affluence were a misnomer that hid the broader problems of the British economy and served to generate problems further on. Declinist narratives often focus

³⁵ Lawrence Black and Hugh Pemberton, 'The Uses (and Abuses) of Affluence', in *An Affluent Society? Britain's Post-War Golden Age Revisited*, ed. Lawrence Black and Hugh Pemberton (Aldershot: Ashgate, 2004), p. 5.

³⁶ Ina Zweiniger-Bargielowska, 'Rationing, Austerity and the Conservative Party Recovery After 1945', *The Historical Journal*, vol. 37, issue. 1 (March 1994), pp. 173-197.

³⁷ Reticence about the impact of the end of rationing on waistlines could be seen in newspaper articles from the period such as: 'Free From restrictions: Changes in cost and character of the British diet', *The Times*, issue. 53744, Monday 21st January 1957, p. ii; or, Michael Winstanley, 'Diet and the Artery', *The Guardian*, 7th April 1964, p. 8.

³⁸ *A Century of Change: Trends in UK statistics since 1900*, Research Paper 99/111 (House of Commons Library, 21st December 1999), p. 23.

³⁹ Nicholas Crafts, 'The British Economy', *20th Century Britain*, ed. Julie-Marie Strange and Francesca Carnevali, (Harlow: Pearson Education, 2007), p. 9.

⁴⁰ Home ownership is often cited as an indicator of wealth and affluence as mortgages require significant savings and a stability of income. Similarly, during periods of recession the declining rate of home ownership is often used as a barometer of the health of the economy. See, James W. Hughes, 'Economic Shifts and the Changing Home Ownership Trajectory', *Housing Policy Debate*, vol. 7, issue. 2 (1996), pp. 293-325.

on the comparative growth of Britain, suggesting that the economy was in decline as it lost its position as the European economic powerhouse. Although the UK was growing during the period, other countries were growing at a faster rate, for instance, France achieved a GDP increase of 5.4% between 1950 and 1973, almost twice that of the UK.⁴¹ However, Black and Pemberton suggest that fears of 'decline' resulted more from perceptions of the shifting international political status of the UK as it adapted to losing its empire, and looked towards playing a more minor role within European politics, rather than dominating the world stage.⁴² Nevertheless, because this study focuses specifically on the UK as a discrete entity, it is the specific experience of British affluence that is of primary import for this study. Therefore, although the British economy may have been declining in strength when compared to other Western or European countries, there was a period of sustained economic growth that impacted upon people's everyday lives.

In some ways, the actual existence of affluence is not as material to this thesis as the perception that affluence was occurring at this time. Obesity was constructed as a disease that afflicted the rich, because it was only the wealthy that could afford to overeat. Such explanations were entirely embedded within the weight management literature, but they were also fed by the general political discourse of the period. During the 1950s, writers, such as J.K. Galbraith, were beginning to note the socio-cultural impact of affluence and the benefits of an affluent society were roundly discussed. The notion of affluence was quickly seized upon by Harold Macmillan in 1957, when he made his infamous "never had it so good" speech.⁴³ At the same time, commentators were also pointing to the decline in class antagonism and the existence of a political consensus as evidence that workers were becoming wealthier, happier, and healthier.⁴⁴ This further strengthened the broader socio-cultural belief that affluence was a universally established facet of post-war British society.

Within the literature on obesity, as will be demonstrated throughout this thesis, it was the discourse of wealth and affluence that dominated explanations for increasing

⁴¹ Luis Miotti and Frédérique Sachwald (in collaboration with Françoise Nicolas), *Growth In France 1950 – 2030: The Innovation Challenge* (Ifri, November 2004), p. 12.

⁴² Black and Pemberton, 'The Uses (and Abuses) of Affluence', pp. 2-3.

⁴³ Although Galbraith did argue that developed societies still experienced inequality, the overall experience was one of high levels of personal wealth, John Kenneth Galbraith, *The Affluent Society* (London: Hamish Hamilton, 1958).

⁴⁴ L.A. Siendtop, 'Mr Macmillan and the Edwardian Style', *The Age of Affluence 1951-1967*, ed. Vernon Bognador and Robert Skidelsky (Macmillan Press, 1970), p. 8.

rates of obesity; the population was understood to be getting fatter as a consequence of 'modern' Western lifestyles and civilisation. However, this thesis notes that the discourses that presented obesity as a consequence of too much wealth, also served to mask continuing inequalities resulting in little awareness of the correlation between economic resources and obesity.⁴⁵ Part of the reason for this political absence is that the association between nutrition and poverty no longer presented itself as it has in the preceding centuries. This is because the economics of food production shifted after 1950, and consuming a sufficient quantity of calories was no longer a primary concern for the poor, as the price of commodities (such as sugar) fell into rapid decline.⁴⁶ Concurrently, the cost of fresh fruit and vegetables became comparatively more expensive, and as a result, they became the scarcer items on the nation's dinner tables.

Recent research on weight management tends to acknowledge the role that wealth can play within everyday food choices. However, during the period 1950 to 1995, weight management literature tended to be produced within a framework that assumed a middle class, affluent style of life, and so this is reflected the tenor of the literature consulted for this thesis. An illustration of this might be the ownership rates of microwave ovens; in 1991 ownership rates in the UK stood at 51%, in the wealthier US it stood at 90% in 1989, therefore ownership rates of microwave ovens can be considered to reflect the wealth of a society and its levels of disposable income.⁴⁷ Microwaves were significant, not only because of the initial outlay cost, but because of the lifestyle associated with them. For instance, R.S. Oropesa has argued that the reason microwaves became so popular in the US, during the 1970s, was that it allowed time-poor women to prepare food quickly. However, microwaves are most useful when they are used for pre-prepared foods, such as ready meals, which are also more expensive.⁴⁸ Therefore, microwaves also symbolised a society where the convenience of

⁴⁵ Research on the links between obesity and economic resources in an affluent society tend to come from more recent studies, which refer to the "poverty-obesity paradox" and the problem of "hidden hunger" where people are able to access sufficient calories but are nutritionally deficient. See: Tanumihardjo *et al.*, 'Poverty, Obesity and Malnutrition: An international perspective recognising the paradox', *Journal of the American Dietetic Association*, vol. 107, issue. 11 (November 2007), pp. 1966-77.

⁴⁶ For further discussion of this refer to chapter 1. See also, John Kearny, 'Food Consumption Trends and Drivers', *Philosophical Transactions of the Royal Society of Biological Sciences*, vol. 365, no. 1554 (27th September 2010), pp. 2793-2807.

⁴⁷ R.S. Oropesa, 'Female Labour Force Participation and Time-Saving Technology: A case study of the microwave from 1978 to 1989', *Journal of Consumer Research*, vol. 19, no. 4 (March 1993), p. 572; and Aglaia Efstathiou *et al.*, 'The Ownership and Use of Small Domestic Appliances: Case study, Liverpool', *International Journal of Consumer Studies*, vol. 28, issue. 3, June 2004, p. 305.

⁴⁸ Oropesa, 'Female Labour Force Participation and Time-Saving Technology', p. 568.

food, rather than cost, was of paramount importance. While the purchase of microwaves was less common in the UK, it was still assumed by most dieting manuals (produced by the beginning of the 1980s) that the readership would own a microwave. Likewise, there were also diets that were predicated on the purchase of pre-packaged convenience foods, arguing that these were far better options because they would lessen the mistakes made by slimmers on their diet.⁴⁹ This underlines the broader argument that, although not explicitly stated, most of the literature used in this thesis assumes a middle class lifestyle.

Obesity is one of the quintessential paradoxes of affluence; greater wealth and disposable income should lead to healthier citizens, but it also leads to the development of other conditions. After the Second World War it became clear that, while infectious and environmental diseases were becoming increasingly rare, other chronic diseases, like cancer and heart disease, were taking their place. The fear at the end of the war was that people would not be able to control themselves around food if it was freely available, and to some extent these fears were well founded. A manifestation of these fears resulted in the food that people ate, and the lifestyles that they led, becoming increasingly scrutinised.

Norbert Elias argued in *The Civilising Process* that one of the consequences of wealthier 'modern' societies was the people learned to develop greater systems of self-control and self-sacrifice, resulting in the development of social codes, such as table manners, which illustrated a control of impulses around food.⁵⁰ On the contrary, Offer has argued that, over the second half of the twentieth century, traditional systems of self-control (particularly around food) have declined in the onslaught of abundance. Vending machines, disintegrating meal patterns, and the growth of convenient 'fast' foods, have served to offer new forms of temptation to the population. As a result, immediate gratification in the form of cheap, easy, palatable, and (potentially) addictive foods has become omnipresent. The balancing systems that might have normally developed in response to such changes have not been established, because the pace of change has been so rapid. The gap between food environments, and social expectations

⁴⁹ Indeed, there were entire dieting cookbooks predicated on the ways that microwaves could be used to aid one's diet, see Joyce Hughes and Audrey Eyton, *Slimming Magazine's Quick Food Diet Book: Slimming Magazines Handbook No. 4* (London: Arrow Books, 1980).

⁵⁰ Norbert Elias, *The Civilizing Process: Sociogenetic and Psychogenetic Investigations* (Oxford: Blackwell Publishers, 2000), for discussion of table manners see pp. 85-92, for discussion of control of conduct in the formation of 'modern' states pp. 367-447.

regarding body shape, has become one of the greatest challenges facing those who seek to intervene in eating habits and encourage weight loss in Western populations; and so, the paradox of obesity and affluence seems set to bewilder researchers for many years to come.

Theoretical Approaches to Weight Management and Obesity

Although feminism has tended to underpin historical discussions of the overweight body, Foucauldian theories of governmentality tend to underpin contemporary sociological work on the body and obesity. This thesis uses Foucault's theories as the preliminary framework to explain how processes of weight management were constructed in the post-war period. Originally drawn from a series of lectures given by Michel Foucault in the Collège de France in the late 1970s, and early 1980s, the broad spectrum of theories related to governmentality arose from his interest in the "micro-physics of power".⁵¹ Foucault's lectures on "La naissance de la biopolitique" (The birth of biopolitics), were given towards the end of his career but he never saw them published due to his untimely death in 1984. Therefore, the subsequent conceptual work in the field of governmentality, technologies of the self, or bio-politics in general, was written by other theorists - such as Thomas Lemke and Nikolas Rose - who developed these ideas from the mid-1980s onwards. Nevertheless, these lectures represented a paradigm shift in the theoretical conceptualisation of power relations because, rather than focusing on hierarchical systems of power - for instance the power of the state to control the population through physical force - Foucault emphasised how power could be understood through habitual behaviour and indirect forms of manipulation. It was the micro-physics of power (which referred to the small, everyday, or perceptibly mundane interactions that serve to produce, or reproduce, existing power relations) that became the focal point for authors that followed in Foucault's theoretical footsteps.

Governmentality was defined by Foucault as the "conduct of conduct", which could also be described as the processes that individuals use to control their own

⁵¹ Ulrich Bröckling, Susanne Krasmann and Thomas Lemke, 'From Foucault's Lectures at the Collège de France to Studies of Governmentality', *Governmentality: Current Issues and Future Challenges*, ed. Ulrich Bröckling, Susanne Krasmann and Thomas Lemke (Abingdon: Routledge, 2011), p. 1.

behaviour and the behaviour of those around them. In this interpretation of power systems, everyday processes are placed at the fore, and therefore everyday interactions should be analysed for the ways that they shape, sanction, normalise, and discipline people into particular behavioural patterns.⁵² Within this framework, traditional institutions of power, like the church, the state, or the medical profession, were presented as part of a wider web of power relations that included indirect forms of social manipulation.⁵³ By emphasising that individuals learn to reflect existing power structures within their day-to-day interactions, the distinction between public and private expressions of power is broken down, this form of analysis allows a line to be drawn between public expressions of political thought and personal forms of conduct, like dieting.⁵⁴ It has been argued by Rose and Peter Millar that the emphasis on self-regulation typifies neo-liberal power structures; in a neo-liberal society populations are encouraged to develop new systems of empowerment, where the duties of care are shifted from state apparatus (like the NHS) to individuals who are, nevertheless, expected to continue to adhere to dominant social mores.⁵⁵

Weight management could be considered an archetypal form of neo-liberal self-governance; there is clear political imperative to encourage the population to diet, yet this is achieved through an intimate form of self-regulation. Foucault's 'technologies of the self' is a framework described by Ulrich Bröckling, Susanne Krasmann and Thomas Lemke as the small everyday actions that individuals use to sanction, normalise, and discipline themselves.⁵⁶ Dieting fits very neatly into this theoretical framework for several reasons, firstly, because successful weight management requires a high level of self-discipline. To lose weight, one is required to constantly monitor food intake, and in most diets individuals are expected to count the value of every piece of food, or sip of liquid, that they consume. Furthermore, dieting individuals, if they are to be successful, have to consistently remain focused on the process of food restriction, and so their self-control has to be very finely tuned. One must learn to allow a little food, but not as much as to lead to weight gain - which is (arguably) harder than the complete

⁵² Ibid.

⁵³ Thomas Lemke, "'The Birth of Bio-Politics': Michel Foucault's Lecture at the Collège de France on Neo-Liberal Governmentality', *Economy and Society*, vol. 30, no. 2 (May 2001), p. 191.

⁵⁴ Ibid., p. 201.

⁵⁵ Nickolas Rose and Peter Millar, 'Political Power Beyond the State: The problematics of government', *The British Journal of Sociology*, vol. 43, no. 2 (June 1992), pp. 173-203.

⁵⁶ Bröckling, Krasmann and Lemke, 'From Foucault's Lectures at the Collège de France to Studies of Governmentality', p. 4.

abstention required in other health modification behaviours, like giving up smoking. A second reason why dieting fits so neatly into the neo-liberal framework of self-governance is that weight management is also a process of normalisation; people on diets are expected to achieve a socially acceptable body shape and the slimming experience is also presented as an opportunity for people to rediscover the healthier body of their youth - a body free from pain, disease, and risk.⁵⁷ Finally, the impetus for weight management requires the existence of social and personal sanctions. The social distaste of the overweight is a well-documented phenomena - it has been shown that overweight people are stigmatised in most areas of public life, from obese children doing less well in school, to discrimination in the work place, or prejudiced health care provision.⁵⁸ In this thesis it is the personal and interpersonal sanctioning of excess weight that garners particular interest - it will be shown how the overweight are encouraged to think of their bodies as unrepresentative of their 'true' selves, as well as how people (particularly women) were encouraged to monitor and sanction the body weights of those around them.

Earlier in this chapter the longstanding relationship between discipline, morality, and diet was explored; it suggested that there are historical consistencies in the cultural meanings attached to certain diets. Nevertheless, it is argued here that the meanings behind weight management practices of post-war Britain were significantly different to those that underpinned the actions of fasting medieval monks, or 19th century Victorians inspired by protestant asceticism. Steven Mennell has argued that, traditionally, the strictest forms of dietary restraint were only followed by those in religious orders and there was little evidence that breaking these dietary rules would lead to feelings of personal guilt or repugnance.⁵⁹ Likewise, Victorian asceticism regarding food, often described as the precursor to contemporary dieting cultures, was limited to the wealthy and upwardly mobile middle classes as a way of distinguishing

⁵⁷ Later in this chapter it will be explained how, during the latter part of the 19th century health came to mean the absence of disease, therefore illness became an aberrant state of being and health became the 'normal' state of being that individuals should strive for.

⁵⁸ See Rebecca Puhl and Kelly Brownell, 'Bias, Discrimination and Obesity', *Obesity Research*, vol. 9, issue. 12 (December 2001), pp. 788-805; or, Rothblum *et al.*, 'The Relationship Between Obesity, Employment Discrimination, and Employment-Related Victimization', *Journal of Vocational Behaviour*, vol. 37, issue. 3 (December 1990), pp. 251 - 266; or, Josephine Kaminsky and Dominick Gadaleta, 'A Study of Discrimination in the Medical Profession as Viewed by Obese Patients', *Obesity Surgery*, vol. 12, issue. 1 (February 2002), pp. 12-18; or, Karnehed *et al.*, 'Obesity and Attained Education: Cohort study of more than 700,000 Swedish Men', *Obesity*, vol. 14, issue. 8 (August 2006), pp. 1421 - 1428.

⁵⁹ Stephen Mennell, 'On the Civilising of Appetite', *The Body: Social Process and Cultural Theory*, ed. Mike Featherstone, Mike Hepworth, and Bryan Turner (London: Sage Publications, 1996), p. 136.

themselves.⁶⁰ It was also noted that affluence, obesity, and weight management in the UK were firmly rooted in the post-war period; because overconsumption was no longer limited to a select group of people and therefore the politics of food consumption began to change. Until the consistent economic growth of the post-war period, overconsumption was not a viable option for the population. Therefore, expressions of certain social and cultural identities, through abstaining from food, are limited to specific social groups. Once it became possible for the whole population, rather than the rich, to overeat, the issue becomes notably different as food and body weight becomes a political, as well as a personal, matter. Therefore, a conceptual framework is required that challenges the ease of overconsumption and embeds patterns of food consumption within a discourse that situates food restriction as an endeavour to be followed by everyone, rather than a moral decision available to a select group of people.

Other theoretical frameworks have been developed to explain the way that people respond to their bodies and the socio-cultural perception that they weigh too much. Feminism offers the most developed and clearly defined of these existing frameworks. Susan Bordo, Naomi Wolf, Susie Orbach, and Kim Chernin (amongst others) have all written on the link between dietary practices, body shape, and gender. Bordo argued in *Unbearable Weight: Feminism, Western culture, and the body* that the normative approach to the body in contemporary society was very damaging to women, leading to disorders such as anorexia and bulimia. Furthermore, this cultural pressure, which emanated from various forms of mass media, such as advertising, magazines, and television, should be viewed as a consequence of a patriarchal society.⁶¹ Feminist literature on dieting and body image often focuses on the quest for bodily perfection, and the effect that the cultural pressure to achieve certain body shapes has on women, particularly young women. It is shown in this thesis that these pressures continue to exist throughout the period 1950 - 1995, and that the benefits of 'achieving' an idealised body shape remain highly visible. However, it is also argued here that such frameworks construct women as reflecting a form of false consciousness and women's bodies as docile entities, leaving little room for negotiation or agency within the story.⁶² This leaves a notable gap with regards to understanding why weight management was

⁶⁰ Bergdolt, *Wellbeing*, p. 283.

⁶¹ See, Bordo, *Unbearable Weight*.

⁶² Cressida J. Hayes, 'Foucault Goes to Weight Watchers', *Hypatia*, vol. 22, no. 2 (Spring 2006), pp. 126-149.

adopted so enthusiastically, and also how it was constructed for a male audience, as the weight of academic interest tends to fall on dieting women.

There are, nevertheless, some strong arguments to be made regarding the powerful impact of idealised representations of the body in both historical and contemporary societies. Mike Featherstone has argued that images of the body have become increasingly important in Western cultures because the mass media affords people the opportunity to constantly compare themselves; resulting in a society that is narcissistic and constantly surveying itself.⁶³ Cosmetic surgery is commonly cited as an example of the emphasis that is placed on physical appearance in contemporary society. Elizabeth Jagger has argued that because aesthetic surgery does not alter the essence of one's body, simply the outward appearance, it is the image of one's body that is central to the formation of identity. Furthermore, it also implies that it is the appearance of one's body, not the associated moral characteristics of particular body shapes, which are of primary import. Under such circumstances, representations of the body become very important, which is perhaps why so many studies have carefully detailed the various ways that idealised body shapes have been presented since the 1950s. Silverstein *et al.* published a study in 1986 that analysed the representations of women's bodies in *Vogue* and *Ladies Home Journal* since 1901; they concluded that the bust to waist ratio of the models had markedly decreased and that this was emblematic of a corresponding increase in the socio-cultural interest in dieting and obesity.⁶⁴ Other studies have shown similar trends in the portrayal of women's bodies since the Second World War, for instance Sypeck *et al.* examined the bodies of cover models in women's fashion magazines from 1959 to 1999 and found that the average body size of the models had declined over the period, particularly during the 1980s and 1990s.⁶⁵ Likewise, research on the centrefolds of *Playboy* have shown that, during the year 1988, the average weight of their models was 13-18% below the expected weight for women of that age group, and that this had been declining since the 1970s.⁶⁶ Historical research

⁶³ Mike Featherstone, 'The Body in Consumer Culture', *The Body: Social Process and Cultural Theory*, ed. Mike Featherstone, Mike Hepworth, and Bryan Turner (London: Sage Publications, 1996), pp. 178-9.

⁶⁴ Brett Silverstein, Barbara Peterson, and Lauren Perdue, 'Some Correlates of the Thin Standard of Bodily Attractiveness for Women', *International Journal of Eating Disorders*, vol. 5, issue. 5 (1986), p. 904.

⁶⁵ Mia Sypeck, James Gray, and Anthony Ahrens, 'No Longer Just a Pretty Face: Fashion magazines depictions of ideal female beauty from 1959 – 1999', *International Journal of Eating Disorders*, vol. 36, issue. 3 (November 2004), pp. 342-347.

⁶⁶ Wiseman *et al.*, 'Cultural Expectation of Thinness in Women: An update', *International Journal of Eating Disorders*, vol. 11, issue .1 (January 1992), pp. 85-89.

often relates fluctuating portrayals of women's body shapes to the increased incidences of disordered eating habits in young women, viewing it as a consequence of the negative impact of these idealised representations.

With this established body of literature in mind, this thesis aims to explore a different aspect of dietary management since the Second World War. Rather than focus on the historical variability of ideal body shapes, it considers the ways in which women were encouraged to feel responsible for, and monitor, their own bodies and the bodies of those around them; be it their children, husbands, mothers, or friends. By focusing, not on the quest for aesthetic perfection, but on the social relationships that surrounded weight management, it seeks to uncover the meanings that weight management might have held. This is particularly significant because it might help to explain why, given the lack of any long term success that most people have on diets, dieting and weight management continued to hold such sway over individual ambition. One potential reason for the continued popularity of dieting is offered by Cressida Hayes. Hayes suggests that weight management continues to attract so many women, despite its poor success rate, because it is constructed as an enabling process that facilitates a transformation of the self.⁶⁷ Therefore, the value and social importance of weight management lay, not in the body that one might acquire through dieting, but in the emotional investment of achieving an idealised body shape.

Naturally, it follows that if one invests particular meanings in certain body shapes, then there are likely to be broader understandings associated with the practice of dietary restriction. To fully appreciate the meanings attached to weight management it is helpful to return to the argument that morality and food consumption are intimately linked. Richard Wilk, has argued that consumption raises certain moral ambiguities. During the 19th century, writes Wilk, the language of consumption was 'purged' of its moralistic undertones and a utilitarian understanding of economic decisions was adopted. As a result, cultural attitudes towards consumption began to be defined by the idea that the choice to buy one product over another was the decision of a free and rational consumer. However, this does not correspond with the language increasingly adopted around food, and often for theorists spanning sociology, anthropology and psychology, the 'problem' of consumption was uniquely bound with

⁶⁷ Hayes, 'Foucault Goes to Weight Watchers', pp. 126 - 128.

the development of a modern civilisation.⁶⁸ For theorists of the later Victorian period, such as Thorstein Veblen, consumption was motivated by shallow values and extravagance that reflected a wasteful society; in essence it highlighted a society in social decay.⁶⁹ Arguments about the negative implications of consumption, it seems, have continued to hold greater sway in Western Europe, whereas in the U.S. a more overtly consumerist approach was adopted.⁷⁰ It could be this unease with consumption in Western Europe that motivated the development of an increasingly moralistic tone to eating habits.

Gary Cross, writing on American consumerism, has suggested that consumerist societies of the 20th century were unique because new forms of mass consumerism offered people an outlet for self-expression. Consumerism became the means through which people could achieve pleasure, express their individual identities, and it was also a way of channelling dreams and aspirations. In essence, it facilitated the expression of personal liberty.⁷¹ However, this new role for consumerism, with its quasi-religious undertones, was not without attendant difficulties. The moral imperative associated with consumption is derived, for Wilk, from the way that an individual's freedom to consume is married to the need to limit individual autonomy. There are consequences to individual choices to consume, and it is suggested that the act of consumption by one group of people tends to lead to the deprivation of others. The 'greed' or inability to control oneself around food is therefore tied to broader notions of social justice and equality. Furthermore, many forms of consumption are addictive and can lead to social, as well as individual, problems.⁷² For instance, in recent years the addictive nature of food (particularly sugar) has gained currency as an explanation for obesity in wealthy Western countries.⁷³ In the time period covered by this thesis, the development of obesity as a social, as well as medical, concern due to its relationship with illnesses such

⁶⁸ Richard Wilk, 'Consuming Morality', *Journal of Consumer Culture*, vol. 1, no. 2 (July 2001), pp. 246-247.

⁶⁹ Thorstein Veblen, *Conspicuous Consumption*, (London: Penguin Books, 2005).

⁷⁰ Richard Wilk, 'Consuming Morality', p. 245.

⁷¹ Gary Cross, *An All Consuming Century: Why Commercialism Won in Modern America* (Chichester: Columbia University Press, 2000), pp. 1-3.

⁷² Wilk, 'Consuming Morality', pp. 254-5.

⁷³ This is based on a series of studies have shown that addiction can occur in rats, see Avena *et al.*, 'Evidence for Sugar Addiction: Behavioural and chemical effects of intermittent, excessive sugar intake', *Neuroscience and Biobehavioural Reviews*, vol. 32, issue. 1 (2008), pp. 20 – 39; for more populist reception of this see, 'How I Broke My Sugar Habit' <http://www.nhs.uk/Livewell/Goodfood/Pages/How-I-reduced-my-sugar-intake.aspx> accessed 1st October 2014, which was published as an article on the NHS 'Livewell' website; or, Victoria Lambert, 'Sweet Poison: Why sugar is ruining our health', 9th January 2014, <http://www.telegraph.co.uk/foodanddrink/healthyteating/9987825/Sweet-poison-why-sugar-is-ruining-our-health.html> accessed 1st October 2014.

as diabetes or coronary heart disease (CHD), is a prominent feature of these moral questions. Much of the current debate on obesity and morality centres on obesity as a social 'problem', because of the impact that overweight people have on those around them. Such criticisms might take the form of the inconvenience of sharing a seat on an aeroplane, or the 'strain' of obesity on healthcare systems – particularly in the UK where the NHS is directly funded by the taxpayer. Therefore, individuals need to learn new ways of restraining their own consumption for the benefit of those around them. It has already been noted that over consumption was viewed as immoral in previous centuries, but this disapproval was derived from a concern about it becoming widespread; rather than a focus on the inequality of overconsumption that is characteristic before the mid-19th century, or the desire to distinguish one's economic or social status, that become prevalent after 1870.

Affluence was both a blessing and a curse in post-war Britain; it led to healthier, longer living citizens, but it was also responsible for the growth of lifestyle diseases. The ambiguous socio-economic consequences of affluence are also reflected in the social responses to consumption in the post-war period. Part of the consequence of mass consumption for Wilk, is the negative cycles of behaviours that it encourages in populations; whereby the population consume, repent, lose their will for restraint, and engage in further consumption.⁷⁴ Such cycles relate to dietary behaviour, where the moral implications of consumption and overweight can lead to guilt and anxiety, which leads to higher levels of food consumption for gratification and relief, which leads to further guilt and anxiety.

Exhibiting one's moral credentials through weight management might become a more abstract endeavour in the midst of a society of plenty, but the abstention from food for a broader social good and one's own health seems to remain compelling. Authors such as Beth Evans and Karen Thorsby suggest that, when weight management is viewed as a way of expressing morality, then the way that one engages in restrictive dietary behaviours becomes particularly important.⁷⁵ To understand the value that dieting individuals may place on the presentation of themselves, as 'weight watchers' or exercise 'fanatics', the work of Erving Goffman is instructive. In *The Presentation of Self in Everyday Life*, Goffman suggests that people's behaviour and interactions with others

⁷⁴ Wilk, 'Consuming Morality', pp. 253-4.

⁷⁵ Bethan Evans, "'Gluttony Or Sloth?': Critical geography of bodies and morality in (anti) obesity policy', *Area*, vol. 38, issue. 3 (22nd September 2006), pp. 259-67.

can be considered a performance, which is intended to convey certain aspects of one's personality or identity.⁷⁶ Within this context, by portraying oneself as a dieter - if overweight - individuals can indicate that they are, nevertheless, abiding by certain social and moral codes. By doing so, people dispel negative assumptions of being greedy or lazy that might otherwise be made from other visual cues, such as body shape. Women monitoring the diets of their children and husbands could also be viewed as performing established gender roles; because they are adopting the responsibility for the health of those around them. Therefore, as indicated by Foucault, the interactions between men and women, or women and other women, about body weight could be seen as a forum through which social expectations regarding diet, health, and gender are reinforced.

Existing literature on the role of obesity in identity politics centre on the idea that obesity is a deviant identity against which obese persons struggle. Arguably, even those organisations that reject established social-cultural associations of obesity, such as Health at Every Size, still engage with, albeit to deny, the labels applied to overweight bodies. This thesis posits that the mass media was an important normalising factor in weight management practices. Indeed, the media is a key vehicle for the dissemination of social expectations regarding weight and where guidance regarding acceptable behavioural practices was transmitted.⁷⁷ The thesis illustrates how expectations regarding body weight were brought into conflict with other social roles, particularly family and gender roles, and how these tensions were resolved to facilitate adherence to weight management practices. By doing so, it seeks to uncover the social processes and relationships that encouraged the development of a population self-critical of its body, which, in turn, encourages techniques of self-governance regarding food and weight.

Originality of Thesis

It has been argued, within the contextualising discussion for this thesis, that there are some notable gaps in the existing histories of dieting and weight management; gaps

⁷⁶ Erving Goffman, *The Presentation of Self in Everyday Life* (London: Penguin Books, 1990).

⁷⁷ For discussion of symbolic interactionism and the mass media see: Jennings Bryant and Dorina Miron, 'Theory and Research in Mass Communication', *Journal of Mass Communication*, vol. 54, issue. 4 (December 2004), pp. 679 – 680.

which this thesis address in two distinct ways. Firstly, this thesis responds to the lack of existing histories of dietary management in post-war Britain. Although there are parallels between American and British cultures of obesity since 1950, the different pace of British economic development throughout the 20th century serves to distinguish it from the US. Widespread obesity in the USA developed earlier in the 20th century and had consistently remained a greater problem. On the other hand, discourses of overconsumption originated as a post-war phenomena in the UK, which developed in conjunction with the affluence of the 1950s and 1960s. By focusing on Britain after the Second World War, this thesis offers a perspective on how broader social structures responded to the somewhat sudden onset of affluence and obesity.

The second gap that this thesis addresses is the importance that writers, on both sides of the Atlantic, have placed on the culturally idealised female body shape. Such histories relate cultural expectations regarding women's bodies to a broader range of social and personal problems for women who could not, or felt that they could not, achieve this aesthetic ideal. However, at the heart of this thesis are the social relationships that were embedded in food and dietary practices between 1950 and 1995. These relationships vary in scale: the first three chapters of this thesis concentrate on the relationships between individuals and institutions, like education or the medical profession; while the second half of this thesis considers the ways that food and weight influenced individual relationships. Reflecting existing literature, this thesis demonstrates that the most significant consequences of weight were saved for women, as social status, weight management, and femininity were intimately linked in the period 1950 to 1995. Women were expected to focus on marriage and having children, but obesity was presented as an impediment to one's life course because it was seen to diminish woman's physical appeal. As wives and mothers, women were also placed at the centre of other people's experiences of weight control, because they were expected to be in control of the family's food preparation and, consequently, the family's diet. It is argued that although women were expected to exhibit an uncompromised governmentality over their own body shape, men, on the other hand, were not always seen as wholly responsible for their diet and physicality.

Methodology: Sources, samples and setbacks

Cultural historians who come from a constructivist or critical theories philosophical orientation focus on the 'domain of the lived', which is the way that people actively engage with, experience and interact within elements of culture within the historical process.⁷⁸

Overall, this thesis is most akin to a cultural history project, which is attuned to the above description offered by Bonnie Brennan. The methodology chosen for this thesis also reflects the range of methodologies considered typical for cultural historians, although, it was more specifically driven by a desire to understand how social and cultural expectations of body weight were presented in this period, as well as how expectations of nutritional management fit into broader expectations of class, gender, and family. To develop a framework that explains the process of weight management between 1950 and 1995, this thesis employs a textual (or discourse) analysis of the sampled media. Published media became the dominant source material because they offer a way of tracing "a socially constructed reality, which might be understood by considering the words, concepts, ideas, themes, and issues that resides in texts as they are considered in a particular cultural context".⁷⁹ Textual, discourse, or literary analysis was chosen over content analysis as the method employed for this thesis, because of the nature of obesity as a topic of study. To be fat is widely understood to be a socially undesirable condition, as well as an unhealthy state of being, therefore, the imperative to manage one's weight is often presented as self-evident. Direct discussion of the motivations for dieting or changing one's body shape are, as a consequence, rare, developing a framework for understanding such processes therefore requires an approach which privileges the hidden and underlying social cues of the literature.

The development of an analytical framework for this thesis occurred organically through a grounded theory approach. It seemed important that the intricacies of this subject were developed in a way that was guided by the literature itself, as opposed to adopting a pre-existing framework that might have shielded certain facets of the project from view. For instance, to begin by using the frameworks offered through feminist literature might have resulted in the male experience becoming hidden - as occurs in many other histories of dieting in the 20th century. Therefore, I conducted what Stuart

⁷⁸ Bonnie Brennan, *Qualitative Research Methods for Media Studies* (Abingdon: Routledge, 2013), p. 94.

⁷⁹ Brennan, *Qualitative Research Methods for Media Studies*, p. 193.

Hall termed the 'long soak', "a submission of the analyst to the mass of the material".⁸⁰ It was from this initial grounding in the literature that I developed the themes that form the six chapters of this thesis, and the broader analytical framework of Foucauldian governmentality.

Overwhelmingly, this thesis uses publicly available, often commercially produced, material that advised people on weight management. The decision to use material available to the general public, and to those who professionally specialised in the treatment of obesity, is intended to reflect the dominant cultural frameworks that have historically surrounded weight management. Alongside the publicly available material - the newspapers, magazines, radio programmes, television segments, governmental sources, and medical literature - interviews were also used. These were the exception to the use of published material, and were conducted with the intention that they might help the thesis develop a perspective on how national policy was implemented at a local level. However, these interviews also served to highlight something else of equal significance, the problem of resounding socio-cultural silences within the literature. There are two notable categories for cultural analysis that are missing from this PhD, the first is class, and the second is race. As noted in the survey of the literature in this introduction, affluence provided a very powerful framework through which the majority of the literature was positioned. It was only through these interviews that the problems of industrial decline, poverty, food access, and obesity began to be addressed. As the question of economic power is absent from the literature, so too are references to people from racial or ethnic minorities. Given the turbulent nature of race relations in this period, and the increasing number of people from outside Europe who were settling in the UK at the time, it is surprising that this is never addressed in the literature. Cuisines from other cultures do figure in recipe books, but there is no mention that cultural geographies might affect eating patterns. Although it is difficult to deduce too much from the absence of certain cultural features from the literature, it does underscore the fact that weight management literature was, for all intents and purposes, a literature for the white, privileged middle classes.

A final note should be made about the methodology and theoretical underpinnings of this thesis: this refers to the relationship between textual analysis and

⁸⁰ Stuart Hall, 'Introduction', *Paper Voices: The Popular Press and Social Change 1935 -1965*, ed. A.C.H. Smith, Elizabeth Immirzi, and Trevor Blackwell (London: Chatto and Windus, 1975), p. 15.

the corresponding criticism that textual analysis constructs people as passive recipients of advice. Highly dominant cultural messages, which reflect a very normative understanding of the body, gender, and family, do form the basis of the arguments made in the following six chapters, and it will be shown that these were surprisingly uniform in nature. Nevertheless, the readership of such material was not conceived as docile in accepting these frameworks, and the spaces where people rejected or negotiated these messages are highlighted throughout the discussion.

Structure of Thesis

Rather than a story of chronological progression, this thesis follows a pattern of thematic connection. It begins with a macro view, seeking to understand how the state shaped understandings of weight, the perspective is progressively narrowed, until it focuses on the more intimate relationships that exist within families or between friends. The period 1950 to 1995 is covered in this thesis for four reasons; by beginning analysis in 1950 the early years of post-war period can be captured, illustrating the movement from rationing during the Second World War to a seemingly abundant society. 1995 was chosen as the closing point to this story because in the UK the mid-1990s marked the point where specific public health policies were developed to deal with overweight in the population. Furthermore, the election of Tony Blair in 1997 marked the beginning of a more concerted attention to the issue of health inequality, specifically in the realm of food, poverty and overweight.

‘Affluence, lifestyle choices, inequalities and the state 1950 to 1995’, the first chapter of this thesis, outlines the evolution of medical understandings of body weight and health, arguing that ideas of personal responsibility became dominant in national health politics. In contrast to this political development, community based initiatives increasingly sought to respond to such suggestions by emphasising that food access and eating patterns were also heavily influenced by structural and economic inequalities. Likewise, the second chapter, ‘Medicine, feminism, and obesity 1950-1995’ considers the response of the medical profession to increased rates of obesity. It argues that this

initially led to a more ascetic approach towards the obese, which further stigmatised fat on the body and privileged its removal, thereby distancing medical treatments from broader practices of health management. However, the development of criticisms about cultural attitudes towards the body and dieting practices (largely led by writers associated with the women's movement), resulted in a revised approach, which emphasised the importance of a positive body image and acknowledged the role of emotions in the weight control process.

The third chapter provides a bridge between institutional responses to obesity and those focused on the dynamics between individuals. 'Just a little puppy fat? Childhood obesity, education and maternal care 1950-1995' considers the intersection between the social structures that desired improved weight control in the population and individual experience, through the prism of childhood obesity. It is argued that mothers were placed at the centre of the web of responsibility for childhood weight at the beginning of the period; but towards the end of the period, as obesity became a national political concern, there was an educational shift towards emphasising the responsibility of children themselves. Increasingly, children were encouraged to take responsibility for the quality of their diets or the food that they ate, and were even encouraged to pressurise their parents to change their diets.

Personal responsibility, as the cornerstone of dietary management, is examined most straightforwardly in the fourth chapter; 'Women, femininity, weight loss, and the creation of the ideal'. This outlines the strict way that acceptable body shapes for women were interpreted, and how weight control was promoted as a way of reinventing oneself. Indeed, weight loss and the 'perfected' body, it is argued, was a prism through which women were encouraged to envisage an idealised future life. Following on from chapter four, the fifth chapter also focuses on women, but details how weight control was presented to women throughout their lifecycle. Considering the lifecycle highlights the ways in which weight management seemed to inflect many of relationships that women had with other women: friends would police the eating habits of each other in adolescence, reinforcing these newly learnt behaviours; while mothers would watch what their daughters ate; and occasionally children might chastise their mothers for failing to conform to social norms regarding body weight.

Originally, a much greater role for the history of weight management amongst men was envisaged. Women are the focus of existing histories and it was hoped that this thesis would provide a counterbalance to women's dominance in this regard. However, this initial intention to uncover the history of male weight management practices were frustrated by the limited range of sources aimed at dieting men. As a result only one chapter, the sixth, focuses on men, this final chapter is entitled: 'She keeps feeding me rabbit food: men, masculinity and dietary control 1950-1995'. However, this frustrated ambition gave rise to a clear theme addressed in this chapter; that men, were, by and large, not presented as entirely responsible for their own diets. A man's wife was expected to be in control of food preparation, and it was largely expected that she would take control if her husband began to get fat. As a result, men's own role within the process was framed as relatively diminished - leaving men with a surprisingly compromised form of agency in this regard.

Chapter 1: Affluence, Lifestyle Choices,

Inequalities and the State

We are unanimous in our belief that obesity is a hazard to health and a detriment to well-being. It is common enough to constitute one of the most important medical and public health problems of our time, whether we judge the importance by a shorter expectation of life, increased morbidity or cost to the community in terms of both money and anxiety.⁸¹

Research on Obesity: A Report of the DHSS/MRC Group was published by the Department of Health and Social Security (DHSS) in conjunction with the Medical Research Council (MRC) in 1976. It outlined the physiological causes of obesity, and detailed the most common health problems associated with overweight, but it also signalled the ascendancy of obesity as a significant public health issue, as it labelled overweight as a threat to the health of the nation. The *Research on Obesity* report was the first broad survey of the issue instigated by the Government, and formed its first steps towards specific interventions in the population's excess weight. As a consequence of this report, national obesity statistics began to be gathered and specific programmes were initiated to encourage weight loss in the populace.⁸² Although 1976 signals an official recognition of obesity as a crucial public health concern, awareness of the problems that arose from high levels of overweight in the population had been growing since the 1950s. The most significant turning point occurred in the late 1950s as the link between body weight and mortality rates became evident, and chronic illnesses, like CHD, became the most significant cause of premature death in Britain. Therefore, prior to 1976, there was a growing awareness of the potential problems of widespread obesity, which was driving the reorientation of health provision towards

⁸¹ *Research on Obesity: A Report of the DHSS/MRC Group*, compiled by W.P.T James (Department of Health and Social Security, Her Majesty's Stationary Office, 1976), p. 1.

⁸² Although there was some indicative work conducted in the 1980s, they were not consistently gathered until the early 1990s. *Obesity: Third Report of Session 2003-2004*, House of Commons: The Stationary Office Limited, HC23-I, vol. 1 (10th May 2004), p. 13.

caring for a population increasingly afflicted by lifestyle diseases that emanated from 'affluence'.

Affluence and the perception that the 'new' diseases of the post-war period were caused by 'too much of a good thing' are critical to understanding the ways that the state responded to obesity between 1950 and 1995. As noted in the introduction, Harold Macmillan sparked the debate on affluence in post-war Britain during the late 1950s, with his 'never had it so good' speech and the general election campaign that was framed around the promise of continued economic prosperity.⁸³ This was also supported by the affluent worker thesis, which pointed towards, if not an embourgeoisement of the working classes, certainly a reconfiguration of existing social and political structures based on their newly affluent status.⁸⁴ Debate about the existence of affluence, and its impact on working class lives continues to date, and the veracity of the 'affluent experience' has been questioned ever since it was first used by Macmillan. Nevertheless, the perception that affluence existed is critical to understanding post-war discourses about food, health, and nutrition, which framed obesity as a 'lifestyle' disease brought about by affluence.⁸⁵ It is argued in this chapter that presenting obesity as a consequence of affluence is problematic for two reasons: firstly, it obscures the fact that economic changes in food distribution meant that high calorie foods, like sugar, became much cheaper; and secondly, because obesity is a consequence of affluence, it becomes a choice, rather than a condition that results from relative deprivation.

Obesity and Bio-Politics: The theoretical contextualisation of national responses to obesity

Existing histories on the development of state sponsored nutritional advice tend to focus, as is the case with most obesity history, on the American experience. Although the wider issues that these histories engage with do have a broader significance, they

⁸³ Black, 'The Impression of Affluence: Political Culture of the 1950s and 1960s', p. 92.

⁸⁴ Goldthorpe *et al.*, *The Affluent Worker In The Class Structure* (Cambridge: Cambridge University Press, 1969).

⁸⁵ For a contemporary discussion of Goldthorpe's thesis see, Mike Savage, 'Working-Class Identities in the 1960s: Revisiting the Affluent Worker Study', *Sociology*, vol. 39, no. 5 (2005), pp. 929-946. Also, for further discussion of the theme of affluence refer to the introduction of this thesis.

also have a tendency to reflect the American socio-political dynamic. For instance, Lawrence Gostin and Gail Javitt, writing on the development of health promotion programmes in the US, focus on how health promotion can be brought into conflict with the First Amendment of the US constitution. Some aspects of this discussion reflect an explicitly American political discourse, for instance it equates state intervention with socialism, and emphasises the importance of free speech within a commercial setting. However, the more general issues that it alludes to are pertinent to most Western democratic Governments; namely, finding a way to balance personal freedoms with a desire that the population behaves in 'health promoting ways'.⁸⁶ The examples that Gostin and Javitt draw on, such as the need for improved nutritional labelling, have also been discussed in the British political context. Furthermore, towards the end of the period covered by this thesis, the discrepancies between UK and US political cultures dissipated, as neo-liberal politics gained ground in Britain - particularly in matters regarding obesity and ill-health.⁸⁷

Recent literature on the political frameworks through which the obesity 'epidemic' is constructed, tends to emphasise the role of 'bio-politics' and, more significantly, the idea of 'bio-citizenship'.⁸⁸ Since 2006, The National Child Measurement Program has recorded the height and weight of each child in England and Wales during the years that they start and leave primary school.⁸⁹ Systematic programmes of measuring the bodies of the population, particularly those of children, are, according to Emma Rich and John Evans, important sites of state control because they foster self-monitoring and self-disciplining behaviours in the population.⁹⁰ Within the context of the British political system, the debate about the rights and responsibilities of citizens often adopt slightly altered meanings because of the NHS. The 'rationing' of treatment for the overweight, or those whose lifestyle choices are perceived to contribute to their

⁸⁶ Lawrence Gostin and Gail Javitt, 'Health Promotion and the First Amendment: Government control of the informational environment', *The Milbank Quarterly*, vol.79, no. 4 (2001), pp.547-578.

⁸⁷ For Further discussion of the current role of neo-liberalism in British obesity policy see, Emma Rawlins, 'Citizenship, Health Education and the Obesity 'Crisis'', *ACME: An International E-Journal for Critical Geographies*, vol. 7, no.2 (2008), pp. 135-151.

⁸⁸ For further discussion of the evolution of bio-politics and bio-citizenship refer to this thesis introduction's discussion of Foucault and his followers.

⁸⁹ Currently, there are no universal measurement systems in Scotland or Northern Ireland, although sampling programmes are in place in both countries.

⁹⁰ This theme will be revisited in Chapter 3 on childhood obesity and state intervention. For further commentary on childhood surveillance programmes see Emma Rich and John Evans, 'Performative Health in School Welfare Policy, Neo-Liberalism and Social Regulation', *Bio-politics and the Obesity Epidemic: Governing Bodies*, ed. Jan Wright and Valerie Harwood (London: Routledge, 2009), pp. 164-169.

ill health, has been mooted since the mid-1990s, and selective treatment according to body weight currently occurs in the field of fertility treatment and joint replacements.⁹¹ Underlying proposals that health care should be restricted to certain people is the belief that citizens should manage their bodies in state sanctioned ways, so that they might, in turn, expect medical treatment provided by the state. Through an exploration of the changing approaches to nutritional health care in Britain between 1950 and 1995, it is possible to detect the re-writing of these implicit social contracts, particularly as the notion of 'responsibility' begins to dominate the politics of obesity.

As part of a wider movement to establish a socio-historical understanding of nutritional advice in the U.S., Marion Nestle wrote the defining book *Food Politics: How the Food Industry Influences Nutrition and Health*. In *Food Politics*, Nestle argues that, whilst the general approach to healthy eating has stayed consistent for the past fifty years in the US (and arguably in the UK as well), the food industry has also lobbied to change the nature of advice to suit certain interest groups, in particular meat producers. For instance, the initial recommendation that the population "reduce consumption of meat" was changed to the more ambiguous "choose meats, poultry, and fish which will reduce saturated fat intake" as a response to complaints from the meat industry.⁹² Through weaving the advice from the Federal Government together with the responses of industry bodies, Nestle provides a convincing account of how industry interests have influenced nutritional advice for the general public.

Currently, no similar work exists for the UK, and a valuable project could be conducted on the various ways that institutional interests have shaped the development of the Government's strategy towards nutritional health. Unfortunately, this is not the place for such a project and such questions may have to remain unanswered a little longer. Nevertheless, there are national and international food trends that have influenced the development of particular food and dietary trends in the post-war period. Since its introduction as an important part of working-class diets during the industrial revolution, sugar has held a unique social status, particularly after 1850 when the cost of sugar began to fall quite sharply. In 1800 a pound of sugar cost 14 shillings (adjusted to 1960 prices) by 1960, the cost of a pound of sugar was just 8.5

⁹¹ See Len Doyle, 'The Rationing Debate: Rationing within the NHS should be clear: The case for', *British Medical Journal*, vol. 314, (1997).

⁹² Marion Nestle, *Food Politics: How the food industry influences nutrition and health* (London: University of California Press, 2002), pp. 40-7.

pence and the average Briton ate 50 kilograms of sugar a year. Sidney Mintz, in his monograph *Sweetness and Power*, argued that the popularity of sugar within Northern European countries is a product of vast corporations that exploited the producer (Africans that had been enslaved) and the consumer (the English working class).⁹³ The powerful economic systems that kept both producer and consumer in their economic place, as argued by Mintz, are an example of the longstanding and powerful interests that have shaped the diet of the British populace since industrialisation. It is also suggested by David Grigg that most of the increase in sugar consumption was derived from the addition of sugar to industrially processed foods, which serves to highlight how the trend towards mass produced food items and the growth of supermarkets in the post-war period are likely to have had a considerable impact on British diets.⁹⁴ Such interests have served to change the social status attached to sugar, transforming it from a luxury to an everyday item, whose high consumption is an indication of low income. Increasing levels of sugar consumption are generally viewed as evidence that affluence was responsible for obesity in the post-war period, but the large increases in the world availability of sugar between 1960 and 2000 might suggest that the traditional economics of calorie consumption were being challenged.⁹⁵

Studies that further theorise the role of industry in the development of institutional responses to obesity are also based on American examples. Kelly Brownell and Kenneth Warner have sought to draw parallels between the response of the tobacco industry to health scares about smoking in the 1950s and 1960s, and the food industry's response to arguments that it is complicit in encouraging the consumption of high fat, high sugar foods. In particular, they suggest that both industries chose to respond to growing social critique in a similar manner. It is argued that these industries have responded to criticisms by framing the debate within the bounds of personal choice, namely by: 'vilifying' critics through the use of totalitarian language, like 'food Nazis'; criticising or suppressing scientific evidence that threatens their own interests; and finally, by questioning the right of the Government to legislate in such matters.⁹⁶

⁹³ Sydney W. Mintz, *Sweetness and Power: The place of sugar in modern history* (Harmondsworth: Elizabeth Shifton Books, 1985), pp. 183-4.

⁹⁴ David Grigg, 'The Nutritional Transition in Western Europe', *Journal of Historical Geography*, vol. 22, issue. 1 (1995), pp. 255-6.

⁹⁵ Barry Popkin and Samara Nielsen, 'Sweetening the World's Diet', *Journal of Obesity Research*, vol. 11, no. 11 (November 2003), pp. 1325 – 32.

⁹⁶ Kelly D. Brownell and Kenneth E. Warner, 'The Perils of Ignoring History: Big Tobacco Played Dirty and Million Died. How Similar Is Big Food?', *The Milbank Quarterly*, vol. 87, no. 1 (March 2009), p. 265.

Echoes between the two cases are pertinent, and using this parallel, it is possible to draw on existing historiography from the UK regarding smoking; specifically, it points towards frameworks that could be useful for considering some of the issues that may have framed the response of the NHS to obesity from 1950 to 1995.

During the 1980s, Charles Webster wrote of his concern that smoking, and smoking prevention, posed a significant challenge for the NHS. The slow pace with which the NHS accepted medical opinion, the reluctance of the state to regulate the advertising of cigarettes, and the ambiguity about whether the NHS or other state institutions should be running anti-smoking campaigns, all served to slow the development of a population that was well-informed about the dangers of smoking.⁹⁷ Webster was also notably pessimistic about the potential for the NHS to stem the high rate of smoking. In particular, he suggested that the different functions and responsibilities of the various arms of the NHS meant that prevention was not given sufficient prominence; and, as a result, the family practitioner and hospitals were left to deal with the medical consequences of smoking, and prevention and education was left to under-resourced local authorities.⁹⁸ Similar confusion can be seen in the development of public health campaigns, with the BMA itself producing the most of the non-commercial material available in the period, and the rest being produced by local health education authorities with limited reach to a national audience.

There are a number of parallels to be drawn between the establishment of smoking and obesity as important public health issues. The first is their close relationship to diseases with high mortality rates in the post-war period, lung cancer in the case of smoking, and heart disease in the case of obesity. The second parallel is the slow response of the state to the challenges of obesity. Three social changes in relation to smoking that Webster does, perhaps, fail to predict are the increasingly draconian laws surround the sale and advertising of tobacco, the outlawing of smoking in public places, and the notable fall in smoking rates since the early 1980s.⁹⁹ Significant changes in attitudes towards smoking have occurred in response to extensive legislation and successful public health campaigns. However, similar forms of legislation are yet to enter the realm of obesity policy, which has proved harder to legislate against.

⁹⁷ Charles Webster, 'Tobacco Smoking Addiction: A challenge to the National Health Service', *British Journal of Addiction*, vol. 79 (1984), pp. 7-16.

⁹⁸ *Ibid.*, p. 16.

⁹⁹ Prevalence of smokers in the population in 1982 stood at 35%, in 2012 it stood at 20%. ASH Fact Sheet On: Smoking, October 2013, http://ash.org.uk/files/documents/ASH_106.pdf accessed 17th March 2014.

One of the reasons for the greater difficulty of legislating obesity is the complexity of the advice that is required for dietary control, as opposed to the message of abstinence used for smoking. Food is required for physical survival, cigarettes are not, and therefore advice on healthy eating habits is necessarily more nuanced than that offered to smokers. A second reason is that, while regulation regarding the consumption and sale of tobacco has become increasingly restrictive, comparable measures in relation to obesity have struggled to establish themselves as viable alternatives in the dominant political economy of the UK. Of those policies that could be considered broadly similar, the most significant is the introduction (and subsequent revisions) of nutritional labelling of pre-packaged foods; in its first form, nutritional labelling legislation was introduced in 1998, three years after the period considered by this thesis.¹⁰⁰ The second comparable policy might be restrictions on advertising food high in salt, sugar, or fat during television programmes that were directly aimed at children, introduced in 2007. Although commentators have questioned the efficacy of this regulation, the UK was the first country to restrict the promotion of ‘unhealthy’ foods to children, and this represents the most direct interventionist policy by the UK Government to date.¹⁰¹

An illustration of what a more ‘interventionist’ approach to overweight might have been like was the trial of summer ‘fat’ camps for overweight children in the 1970s. A 1971 article from *The Times*, ‘Bessie Bunters Will Diet at Special School’, detailed how a residential summer school for 30 obese girls was being organised by a local authority that was “determined to help the Bessie Bunters of London either slim or to live with their weight”.¹⁰² Clearly there are inherent difficulties in the establishment of such schemes on a wider scale; namely, the interference in family life and the cost. However, the language of the article also indicated some of the attitudes towards state intervention that would be required for widespread acceptance of this kind of project. It

¹⁰⁰ The first set of guidelines about the nutritional labelling of pre-packaged foods occurred in 1996, with the introduction of back of package nutritional labelling with a Guideline Daily Allowance included to facilitate public understanding of the information. In 2007 many companies voluntarily adopted the ‘traffic light’ system for food labelling, and an EU directive has declared that in December 2016 it will be an obligation for all companies providing pre-packaged food to abide by the existing guidelines for nutritional labelling.

¹⁰¹ Adams *et al.*, ‘ESRC Evidence Briefing: Cutting Children’s Exposure to Unhealthy Food Advertisements’, http://www.esrc.ac.uk/images/briefing-unhealthy-ads_tcm8-24202.pdf accessed 18th March 2014.

¹⁰² It is interesting that young women were specifically targeted in this intervention, however this does support the arguments made in chapter 3 and 4 that weight was seen as more problematic for young women than for young men. ‘Bessie Bunters will Diet at Special School’ (anon), *The Times*, issue. 58077, February 15th 1971, p. 4.

is stated in the article that the local authority is ‘determined’ that the girls will ‘slim’, suggesting that the girls themselves (or indeed their parents) are not actively engaged with the process, especially as it is the school medical officer who will ‘select’ participants. Choice, on behalf of the parent or the participant, is absent in the description of this process; an absence that is incongruous with the growing emphasis on ‘individual choice’ and ‘lifestyle decisions’ in the state response to overweight. Throughout the period, references to direct forms of intervention, like summer ‘fat camps’, were not common, suggesting that the appetite for such direct forms of intervention remained scant.

Direct intervention in childhood weight does currently occur, there are instances of children being removed from their parents in Sunderland and Greater Manchester because their parents had failed to control their children’s weight.¹⁰³ However, this is borne out of a different ideological position regarding weight, whereby failure to control a child’s weight constitutes a form of abuse. A child recently removed from its parents in Columbia was described in local and international press as being ‘rescata’ (rescued) by a local charity called ‘Fundación Gorditos del Corazón’ (The Chubby Hearts Foundation), suggesting that childhood obesity, as a form of child abuse, has become prominent within international (as well as British) framings of excess weight.¹⁰⁴ Constructing obesity as a form of abuse implies that parents’ behaviour in overfeeding their children is both extreme and constitutes, in some ways, cruelty. Yet, it is notable that it is only through framing parental behaviour in this manner, that direct forms of state intervention are legitimated.

To return to the comparison between smoking and obesity established within the literature, state intervention at a lower (and arguably less intrusive) level was adopted to curb smoking; yet similar policies with regards to obesity have failed to garner similar purchase. For instance, in 1976 higher taxes on high tar cigarettes were introduced, thereby setting the rate of tax in a way that reflected the potential health consequences of the cigarette being bought.¹⁰⁵ Despite the introduction of such levies

¹⁰³ For example see, <http://www.telegraph.co.uk/health/healthnews/8934809/Council-put-child-5-into-care-for-being-obese.html> or <http://www.dailymail.co.uk/news/article-2069986/Child-taken-care-obese-Parents-didnt-control-weight.html> accessed 18th March 2012.

¹⁰⁴ <http://www.periodistadigital.com/ocio-y-cultural/gente/2014/03/20/video-gorditos-del-corazon-rescata-a-un-bebe-que-pesa-20-kilos-y-lo-pone-a-dieta.shtml> accessed 20th March 2014, or <http://www.caracol.com.co/noticias/regionales/gorditos-de-corazon-rescata-al-bebe-mas-obeso-de-colombia/20140316/nota/2131041.aspx> [translation author’s own] accessed 14th March 2014.

¹⁰⁵ http://www.ash.org.uk/files/documents/ASH_741.pdf accessed 14th March 2014.

on tobacco over 35 years ago, the debate on taxing foods related to obesity remain in their formative stages, with only Denmark, Hungary, and France introducing higher taxes on items with high fat or sugar content.¹⁰⁶ Overall, this highlights that, whilst the state has an established history of experimenting with altering smoking habits, it has remained reticent to engage with legislation that directly interferes with peoples' food choices.

Tobacco regulation, and the arguments that facilitated high levels of governmental legislation and intervention in its sale and consumption, are often based on the effects of passive smoking. Jacobson, Anderson, and Wasserman have argued that warnings about the dangers of passive smoking became a focal point for the anti-smoking lobby because they were able to argue that smokers were a danger to themselves and those around them.¹⁰⁷ Smoking could therefore be defined as a risk to the general public, and the increasingly restrictive laws regarding cigarettes followed from framing passive smoking as a civil liberties issue. Obesity cannot be defined as a risk to others, which perhaps explains why legislation that prohibits, or controls, particular foods has failed to gain traction. Furthermore, the science of obesity has struggled to produce clearly defined explanations for the link that exists between weight and ill health. Different components of diet have been pinpointed at different times as the cause of problems, cholesterol, saturated dietary fat, and most recently sugar have all been placed under the dietary spotlight at different moments leading to considerable ambiguity about the exact relationship between diet and health.

Materials compiled for, and produced by, the Government, to aid in the development of health policies after the Second World War form the basis of the first half of this chapter. These sources include: command papers; reports by the Ministry of Health (MOH), and later the DHSS, or Department of Health (DOH); medical advice given to special committees; and nutritional guidance for the general public released by the Government.¹⁰⁸ The narrative developed from these archives is the story of the

¹⁰⁶ For a British perspective on the proposals see: Mytton et al., 'Taxing Unhealthy Food and Drinks to Improve Health', *British Medical Journal*, vol. 344, e.2931, (15th May 2012). For discussion of the introduction of 'junk' food tax in a European context see: Tiago Villanueva, 'European Nations Launch Tax on Unhealthy Foods', *Canadian Medical Journal Association*, vol. 182, no. 17 (2011), e. 1229-1230.

¹⁰⁷ Peter Jacobson, Jeffery Wasserman, and John Anderson, 'Historical Overview of Tobacco Legislation and Regulation', *Journal of Social Issues*, vol. 53, no. 1 (1997), pp. 75-95.

¹⁰⁸ As noted above, there was little consensus about which governmental departments should be responsible for promoting weight management; although, the MOH (and later the DHSS) generally dealt with it most directly, advice on healthy eating came from the Department of Agriculture, Fisheries, and

institutional responses to changing patterns of ill health, which led the DHSS to adopt an ideological stance that privileged discourses of personal responsibility. Discourses of 'personal responsibility' are integral to this story, and mould the debate regarding the social rights and duties of overweight and obese people in post-war Britain. Competing explanations for overweight, which focus on environmental and structural causes of excess weight, are discussed in the second half of this chapter. These alternate explanations are discernible in the policies and responses of other parties engaged in public health although, within the context of UK policies, these explanations remained in their infancy until the ground shifted as a response to the 1997 general election. Health inequalities, as a socio-political agenda, form the basis of the second half of this chapter; it considers how structural and environmental causes of excess weight were increasingly part of a grassroots political agenda. The thesis developed here is formed from oral histories with community health practitioners, supplemented by local studies, and the literature on obesity and inequality that emerged in the early 1990s. It is through the use of small community studies that the argument that affluence was the driving force behind obesity rates in the post-war period can be challenged, as it emphasises how food access was often a community problem - resulting from a devastating mix of poverty, deindustrialisation, geographical isolation, and poor local amenities.

To begin with, this chapter outlines some of the changes in nutritional policy that occurred over the period 1950-1995, and, using milk as an example, it examines how this reflects an evolving understanding of the responsibilities of the state toward the nutritional health of the population. Following on from this, there is an exploration of the ways that CHD drew attention to obesity, leading to an interest in the illnesses that were labelled 'lifestyle' diseases, or 'diseases of affluence'. It is argued that, because such health problems were linked to personal choice, the responsibility for ill health was placed firmly in the hands of individuals who were perceived to be making poor choices. The dominant discourse of affluence that permeates discussion of ill health at a national level is then contrasted with an examination of some of the ways that poverty also needs to be incorporated into our understandings of obesity. In particular, it highlights that the presentation of obesity, as an individual problem that

Food. Childhood obesity meant that the Department of Education might be involved in strategies at points, for further discussion of education and childhood obesity refer to Chapter 3.

stemmed from affluence, served to obscure environmental and social determinants of nutritional health.

Health, Wealth and Milk: Universal provision of nutrition under the Welfare State

Milk has a long history within nutritional policy; during the Second World War the provision of milk was a flagship health policy that was partially credited with declining health inequalities. During the 1970s and 1980s milk became a fractious issue that highlighted social divisions in contemporary Britain. The inclusion of milk in the state's health strategies followed pre-existing traditions in which milk was a culturally important foodstuff, probably due to its emotive association with the nutrition of infants.¹⁰⁹ World War One marks an early politicisation of milk, as it became one of the first items rationed during the war.¹¹⁰ An interest in milk continued through the interwar period, as its provision became a focus of political action. For instance, during the 1920s and 1930s, women's groups (alongside other groups pushing for extended welfare provision) campaigned for local authorities to provide free milk to pregnant or breast feeding mothers and young children of the poor.¹¹¹ The National Milk Scheme, established in 1940, therefore followed a longer history in which milk was viewed as important for the health of the nation.

World War Two was a turning point for British nutritional health policies because blockades during the war restricted food consumption. Blockades were particularly problematic in the UK, which had been reliant on the import of foodstuffs to feed its population since the industrial revolution, in 1940 2/3 of British daily calorie intake was derived from foreign food imports.¹¹² As a result of rationing during the war, the state was required to take an active, and directly interventionist, approach to the

¹⁰⁹ E.M. Jellinek, 'The Symbolism of Drinking: A Culture-Historical Approach', *Journal of Studies on Alcohol*, vol. 38, no. 5 (1977), pp. 854-5.

¹¹⁰ The shortages become so acute during the winter of 1919 that the Milk Board forbade the sale of milk in catering establishments, unless it was to children under ten years or for those with a medical certificate. Sir William Beveridge, *British Food Control* (Oxford: Oxford University Press, 1929), p. 272.

¹¹¹ For a fuller discussion of maternal welfare provision see, Sue Innes, 'Constructing Women's Citizenship in the Interwar Period: Edinburgh Women's Citizenship Association', *Women's History Review*, Vol. 13, No. 4 (2004), p. 622.

¹¹² *How Britain was Fed in War Time: Food Control 1939-1945*, (Published for the Ministry of Food by His Majesty's Stationary Office, 1946) p. 7.

nutritional health of the population. To ensure that the nutritional well-being of the population was safeguarded, vulnerable groups were given access to subsidised foods considered important for health, like milk. The legislative principle, established during the war, of free milk, available to all children, marked a clear shift in policy; although the principle that milk was important to child (and maternal) health was established by 1939, it did not necessarily follow that the state should provide milk on a universal basis. Previously, provision had relied on the initiative of local authorities that could interpret the vague guidelines that 'necessitous' children should be catered for, in a number of ways.¹¹³ Yet, from 1940 onwards, local authorities were required to provide milk, free or at reduced cost, to all children under 5 and nursing mothers (from 5 to 14, children received free milk at school through their Local Education Authority).¹¹⁴ Despite the context of the war, these revisions were not framed as an attempt to prevent the decline of nutrition health - rather they were seen as part of a fundamental reorientation of the relationship between the state and the individual. The MOH described its own attitude towards supplementary nutrition in 1946:

These provisions went beyond maintaining the pre-war diet and aimed at providing the optimum diet regardless of purchasing power, for these special classes ... [for example] the Ministry of Education took vigorous action to establish a widespread service of school meals and for these meals the Ministry of Food granted exceptionally liberal allowances.¹¹⁵

Improving the nutritional health of the population through the allocation of state resources emphasises a wider philosophical shift regarding the responsibilities of the state. It is also striking that an underlying principle of this statement is that personal wealth should not affect an individual's opportunity to achieve 'optimum health'. By placing the resources of the state behind the ambition to lessen health inequalities, the Government was outlining a new social vision, in which wellbeing and nutritional health were based on principles of equality, rather than individual economic power.¹¹⁶

¹¹³ *How Britain was Fed in War Time*, p. 46.

¹¹⁴ *Public Health During the War 1939-1945, On the State of Public Health During the Six Years of War: Report of the Chief Medical Officer of the Ministry of Health 1939-45* (His Majesty's Stationary Office, 1946), p 92.

¹¹⁵ *Ibid.*, p 117.

¹¹⁶ Indeed, this ambition was largely achieved as the health of the population did improve during the war with improvements in the health in each social class and significant decreases in material mortality. See,

Naturally, this needs to be viewed in the wider context of the cultural strategy of the war, which sought to emphasise the social equity of sacrifice so that support for the war continued.¹¹⁷ These changes in the role of the state can be viewed as part of an attempt to foster a sense of social cohesion and equality, but they also set the tone for health policies developed at the end of the period.

Social consensus arising out of the common experiences of the Second World War is often portrayed as one of its most lasting effects. Angus Calder has argued that the experience of the war led to the radical groundswell of support for Labour and the cemented the creation of a welfare state with a broad remit.¹¹⁸ As a consequence of this political consensus, many of the welfare policies established during the war, such as free school milk and free school dinners, were retained. At the end the war concerns about nutritional health quickly switched to being dominated by a concern about over - rather than under - nutrition. In 1961, the British Dietetic Association noted the following changes in school clinics:

Most of the cases referred have been on account of obesity. Since the restoration of a free choice of foods, following wartime restrictions, this has quickly developed into one of the principal nutritional disorders with which this country has to contend.¹¹⁹

State policy, likewise, began to reflect this understanding of post-war nutrition, and as a result the first cracks in the political consensus regarding nutrition policy began to appear. For many of these commentators, the lack of appreciable instances of malnutrition (defined by underweight) called universal health policies - such as free school milk - into question. Edward Heath's election in 1970, and the appointment of Margaret Thatcher to the position of Education Secretary, marked the beginning of the end for free school milk. The withdrawal of support for school milk occurred in stages with the introduction of a charge for children aged 7-11 in 1971, although it was not until the late 1970s that the scheme was scrapped entirely. The partial abolition of free

Public Health During the War 1939-1945, On the State of Public Health During the Six Years of War, p 117; and, 'Maternal and Infant Mortality Rates in England and Wales', *How Britain was Fed in War Time: Food Control 1939-1945*, (Published for the Ministry of Food by His Majesty's Stationary Office, 1946), p. 49.

¹¹⁷ Mark Donnelly, *Britain in the Second World War* (London: Routledge, 1999), pp. 32-35.

¹¹⁸ Angus Calder, *The Myth of the Blitz* (London: Pimlico, 1991), p. 15.

¹¹⁹ Enid Hutchinson, 'Wartime Experiences and Post-war Opportunities', *A History of the British Dietetic Association* (London: Newman Books, 1961), no page number.

school milk in 1971 was by no means an uncontroversial decision and it led, according to Anne Murcott, to the 'uncomplimentary' epithet 'Thatcher, Thatcher, milk snatcher'. The withdrawal of free school milk marked a decisive break with the post-war political consensus that had been based on a belief health should not be determined by economic status.¹²⁰

Milk, and the responsibilities of the state to provide nutritional support to the population, was an issue that continued to simmer throughout the 1970s, although Labour Governments, under Harold Wilson and James Callaghan, continued to stress the importance of maintaining those nutrition policies that had evolved out of the Second World War. A pamphlet produced by the DHSS in 1978 called *Prevention and Health: Eating for Health* strove to emphasise the positive impact of post-war health policies on the wellbeing of the population. In a section titled 'Fair Shares for All', it suggested that rationing, and the widespread use of welfare foods, from the Second World War onwards, had been a 'remarkable' success, as evidenced by falling maternal and infant mortality rates.¹²¹ Similar sentiments regarding redistributive policies are discernible in Sir Douglas Black's report *Inequalities In Health*. The report argued that there were significant health inequalities in the population, it was commissioned by a Labour Government – although it was not published until 1980, by which time there was a Conservative Government. Official reactions to this report were subdued, and, according to Margaret Whitehead, the report was largely ignored or 'buried' until 1990, when attitudes towards health inequalities began to 'thaw'.¹²² The publication of *Prevention and Health* and *Inequalities in Health* could be viewed an attempt by Labour to underpin the ideological foundations of the welfare state, as it existed at that time. Both reports assumed that the health of the population was a responsibility of the state, but also argued that, where possible, the state should seek to lessen health inequalities. In particular, the authors of *Prevention and Health* had a profound mistrust of how obesity could be used to justify changes to health policy. It questioned the 'so-

¹²⁰ Anne Murcott, 'Food and nutrition in the post-war Britain', *Understanding Post-War British Society*, ed. James Obelvich and Peter Caterall (London: Routledge, 1994), pp. 158-9.

¹²¹ Department of Health and Social Security, *Prevention and Health, Eating for Health: A Discussion Booklet prepared by the Health Departments of Great Britain and Northern Ireland* (Her Majesty's Stationary Office, 1978), pp. 16-17.

¹²² Margaret Whitehead, 'Diffusion of Ideas on Social Inequalities in Health: A European Perspective', *The Milbank Quarterly*, vol. 76, no. 3 (1998), p. 482. Also see, Smith *et al.*, 'The Black report on socioeconomic inequalities in health 10 years on', *British Medical Journal*, vol. 301, (18th – 25th August 1990), p. 373.

called' diseases of affluence, and offered a warning that was unusual for the period; namely, that obesity did not signify equality of health.

Keith Joseph, Secretary of State for Health and Social services between 1970 and 1974, explained the decision to restrict the provision of milk, which started the wave of welfare retrenchment, in following manner:

The principle behind the changes announced on 27th October 1970 in the provision of cheap welfare milk, of free milk to the junior departments of primary schools, and of cheap school lunches is this: that these benefits in kind should no longer be provided by the state for children whose parents can afford them.¹²³

Traditionally, a corresponding medical reasoning accompanies changes to public health policies. In this instance, not only is this supportive layer of reasoning absent, but the focus is on the economic justification for the policy. George Godber was the Chief Medical Officer (CMO) in this period, and, after his death in 2009, obituaries hinted at a conflict between Godber and the Government over this issue. In a manner contrary to established practice, neither Godber, nor the Committee on Medical Aspects of Nutrition (CMAN), were informed of the decision until it had already been announced by the Government.¹²⁴ Such unorthodoxy in the manner of the announcement suggests a keen awareness of the controversial nature of this decision, and the establishment of the Committee for Nutritional Surveillance (CNS) could be seen as a way of deflecting concerns that this might lead to a decline in children's health. Through the withdrawal of direct support for nutritional health and its replacement with a policy of surveillance, one can detect the establishment of a different operating ideology regarding the role of the state. Embedded within this policy shift is an implicit suggestion that the state should no longer be viewed as an apparatus for improving the health of the nation, rather its interest in public health should lie in monitoring the population and, as discussed later in this chapter, providing information to the general public.

¹²³ *On the State of Public Health: The Annual Report of the Chief Medical Officer of the Ministry of Health for the Year 1970* (Her Majesty's Stationary Office 1971), p. 112.

¹²⁴ See Caroline Richmond, 'Obituary: Sir George Godber', *British Medical Journal*, 2009 <http://www.bmj.com/content/338/bmj.b710> accessed 23rd March 2014; and Douglas Black, 'Obituary: Sir George Godber', Wednesday 11th February 2009, <http://www.theguardian.com/society/2009/feb/11/sir-george-godber-obituary> accessed 23rd March 2014.

Discussion of milk as a substance that epitomises health policy in the post-war period has focused, thus far, on how it represented a wider system of social expectations between the state and the individual. However, it becomes entwined within the history of obesity because the weight of the population was used to complement the rationale for welfare retrenchment. The argument made by ministers within the DHSS was that, especially for those from affluent homes, “the diminution of energy intake might well be beneficial for some children.”¹²⁵ Also, contrary to popular opinion:

... acceleration in the rate of gain in weight can be a sign of increasing obesity and not of improved health. Furthermore, the achievement of a maximal rate of growth is not necessarily desirable.¹²⁶

Obesity was, therefore, being drawn on to support wider changes in public health policy; the logic of using obesity to support this decision is only sustained if calories were the only benefit offered by school milk. In this circumstance, the vitamin, mineral, and protein benefits are overtaken by the hopes of cutting calorie consumption, which further emphasises that the way that obesity and continued poor nutrition were considered antithetical.

Coronary Heart Disease and Obesity: Responding to diseases of affluence

Several factors converged in the post-war period to redefine the social status of overweight and obesity. Body weight was still regarded as an issue of personal morality and aesthetics, but it was increasingly related to a wider public health agenda.¹²⁷ During

¹²⁵ *First Report by the Sub-Committee on Nutritional Surveillance, Department of Health and Social Security Reports on Health and Social Subjects No.6* (Her Majesty's Stationary Office, 1973), p. 3.

¹²⁶ *Ibid.*

¹²⁷ In the run up to the First World War there been considerable discussion about the fitness of the population, amidst growing fears of declining national competitiveness. The poor physical fitness of recruits for the Boer War did encourage the state to take steps towards intervention. However, intervention largely took the form of improving child and maternal health, as well as changing education in schools to so that young girls learnt greater maternal ‘competencies’. For further discussion of this see Helen Jones, *Health and Society in Twentieth Century Britain* (London: Longman, 1994), esp. pp. 23-28.

the period 1950 to 1995, heart disease was the greatest mortality risk for men and women aged 75 and younger, with a sharp increase in the post-war period until 1970 and a gradual decline after 1980. For a considerable period in the 1970s, cardiovascular disease accounted for roughly half of all male deaths.¹²⁸ As a result, cardiovascular disease constituted a central public health concern throughout the period under consideration in this thesis. Alongside the development of cardiovascular disease as a major public health concern, innovations in the scientific understanding of nutrition, excess weight, and its epidemiological consequences were evolving, and these were crucial in the redefinition of body weight in the public sphere.

Sparking the evolution in attitudes towards obesity, were a string of seminal studies that linked weight to heart health in the post-war period. Those of particular importance were the Metropolitan Life Insurance Company (MLIC) Build and Blood Pressure Study, published in the U.S. in 1959, and the Framingham (Massachusetts) Heart Study, whose first set of results were released in the early 1960s. Both reports were central to the newly developing understanding of body weight, heart health, and mortality within the scientific literature, and while they are not a dominant citation within policy documents from Britain at this time, their influence is clearly evident. For instance, it was during the early 1960s that the 'Nutrition' section of the CMO's public health reports began to include mortality rates from cardiovascular disease, suggesting that the link between nutrition and heart health had been implicitly accepted by public health authorities.¹²⁹

The role of dietary fat, particularly saturated dietary fat, in the development of heart disease did, however, take a little longer to become established within scientific orthodoxy. An early instance of this influencing state policy was not in the UK but the US, where a publication was released in 1966 stating that the 'attractiveness' and 'availability' of rich fatty foods was affecting the health of the population and recommended a reduction in fat intake for the population.¹³⁰ However, acceptance of this orthodoxy was much slower in the UK. It was not until 1970 that Godber noted that

¹²⁸ Florey, Melia and Darby, 'Changing mortality from ischaemic heart disease in Great Britain 1968-76', *British Medical Journal*, (11th March 1978), pp. 635-7. Also see: <http://www.bhf.org.uk/research/heart-statistics/mortality/time-trends.aspx> accessed 26th March 2014.

¹²⁹ *Report of the Ministry of Health for the Year 1960, Part II on the State of Public Health* (Her Majesty's Stationary Office, December 1961), p. 111.

¹³⁰ *Dietary Fat and Human Health: A Report by the National Academy of Sciences National Research Council* (Washington, 1966), p. 43.

the US had devised recommendations on dietary fat, or that a study covering multiple Scandinavian countries had pointed towards the role of higher saturated fat consumption in higher rates of mortality.¹³¹ Godbear's recommendation was that further research should be conducted in the United Kingdom to verify these reports before any dietary recommendations were made. Six years later, under the leadership of Henry Yellowlees, the first Panel on Diet in Relation to Cardio-Vascular Disease was established with the remit to provide a 'balanced and competent view' of diet and CHD.¹³² In 1984, almost twenty years after the US Department of Health, Welfare, and Social Services recommended that the population decrease their saturated fat intake, similar recommendations were made in the UK. However, for the general public the advice remained ambiguous as the panel recommended that dietary fat intake should be reduced from its current level of 42% of total energy intake to 35% with 15% derived from saturated fats.¹³³ The length of time it took for the Government to issue guidance on fat consumption, and the somewhat obscure nature of the recommendations for those who might try to follow the advice, underlines a continued reticence of the British state to involve itself in the specific details of dietary recommendations. Reticence in this regard may have been well founded, as current research has suggested that sugar, rather than fat intake, might be responsible for overweight and associated illnesses.¹³⁴

Although specific recommendations on the consumption of dietary fat may not have been forthcoming, from the 1960s onwards, CMOs did link the growing problem of CHD with dietary imbalance. As early as 1954, the annual reports on public health suggested that the withdrawal of rationing would lead to 'over-consumption', poorer health, and that this could lead to increased mortality rates from atherosclerosis.¹³⁵ Through this association between cardiovascular diseases and eating habits -

¹³¹ *On the State of Public Health: The Annual Report of the Chief Medical Officer of the Department of Health and Social Security for the Year 1970*, p. 115.

¹³² *On the State of Public Health: The Annual Report of the Chief Medical Officer of the Department of Health and Social Security for the Year 1976* (Her Majesty's Stationary Office, 1977), p. 121.

¹³³ *On the State of Public Health: The Annual Report of the Chief Medical Officer of the Department of Health and Social Security for the Year 1984* (Her Majesty's Stationary Office, 1986), p. 63.

¹³⁴ A recent publication in the *Annals of Internal Medicine* has suggested that the link between saturated fat and CHD may not be as strong as previously suggested and recommended; however, other researchers who suggest that the recommendations should remain in place have hotly disputed this. Chowdhury et al. 'Association of Dietary, Circulating and Supplementary Fatty Acids with Coronary Risk: A systematic review and meta-analysis', *Annals of Internal Medicine*, vol. 160, issue. 6 (March 2014), pp. 398-406. For further discussion on the role of sugar in diet and obesity see: Gary Taubes, 'The Science of Obesity: What do we really know about what makes us fat?', *British Medical Journal*, vol. 346 (April 2013).

¹³⁵ *Report of the Ministry of Health for the Year Ended 31st December 1954: Part II on the state of the Public Health being the annual report of the Chief Medical Officer*, cmd. 9627, pp. 127-8.

particularly over-consumption - one can trace how an interest in heart disease developed into an interest in lifestyle factors, like obesity, that contributed to poor public health. Therefore, whilst the Government was reluctant to recommend specific dietary guidelines, throughout the 1970s there was an awareness of the need for more research on obesity, largely because of its relationship with cardiovascular disease.¹³⁶ In response to these concerns, a more targeted interest in the prevalence and consequences of obesity began to develop within the yearly reports by the CMO. The DHSS also began to conduct its own research into obesity and the associated health effects; spurred by the conclusion of the DHSS's Panel on Diet and Coronary Heart Disease that reduction of overweight would reduce the risk of ischaemic heart disease.¹³⁷ The first of these reports on obesity was released in 1976 and largely focused on the metabolic consequences of overweight, but it also outlined many contemporary concerns about the impact of overweight on the health of the population.¹³⁸ The following year, the CMO's annual report on public health cemented this understanding of obesity and CHD:

The main killer diseases, such as coronary heart disease, lung cancer and bronchitis are largely caused by patients' habits as regards, for example, smoking, diet and exercise.¹³⁹

After the Second World War, the decline in infectious communicable diseases paved the way for new public health concerns to sprout up in their place. CHD, hypertension, strokes, and through them obesity, were all diseases that were publicly linked to wealth and therefore became the 'diseases of affluence'. By locating the cause of illness within the lifestyle of individuals, the DHSS was emphasising that these were health problems whose cause was located in the behaviour of individuals. This fed into the broader conceptualisation of obesity, discussed earlier in this chapter in relation to milk policy, that obesity was not a health problem that existed in situations of relative poverty, nor was it related to poor nutritional health.

¹³⁶ *The annual report of the Chief Medical Officer of the Department of Health and Social Security for the year 1976*, p. 122.

¹³⁷ As described in James, *Research on Obesity: A Report of the DHSS/MRC Group*, p. 23.

¹³⁸ James, *Research on Obesity: A Report of the DHSS/MRC Group*, pp. 22-7.

¹³⁹ *The Annual Report of the Chief Medical Officer of the Department of Health and Social Security for the Year 1976*, p.113.

‘Butter Mountains’: International politics and British food policy

Although this thesis is largely interested in the development of weight management practices in the UK during the post-war period, it is, nevertheless, important to consider the ways in which policy and practice were influenced by broader national and international developments. It was noted at the beginning of this chapter that the rise in sugar production in the 1950s and 1960s served to challenge traditional associations between cost, nutrition, and calorie intake. Likewise, alongside the international economic developments influencing the cultural status of certain food items, international organisations involved in the development of supra-national health policies were increasingly influential. For the UK, the most important organisations were the WHO, and the European Union (EU) in its various guises over the post-war period. These new ties began to draw the discussion of obesity on a national level in unforeseen ways. For instance, in 1973 Britain joined the European Economic Community (EEC) and, with this membership, food production and distribution in the UK became tied to the Common Agricultural Policy (CAP). Protests against Britain’s membership of the EEC and its involvement in the CAP went in unexpected directions, with milk featuring once again, alongside other substances, like butter, that were increasingly perceived as unhealthy due to their high saturated fat content. Fears were now being voiced that, rather than being beneficial to the health of the nation, the fats in whole milk could be contributing to the country’s high levels of heart disease; and therefore the fat in whole milk had a negative effect on the health of children.¹⁴⁰ It was within this socio-medical context that the EEC’s decision to subsidise milk and butter as part of the CAP led to Anglo-European tensions, as noted in *The Times* in 1972:

Generally the EEC chooses to subsidize for human consumption the dairy product with the highest fat content (butter), while skimmed milk products go mainly for animal feed. The European Commission does, however,

¹⁴⁰ For an example of this kind of discussion see, ‘Children Face Heart Risk’ (anon), *The Times*, issue. 58455, April 18th 1972, p. 3. During the 1960s there was a DHSS panel established on milk fat which concluded that children should be fed semi-skimmed milk with added vitamin D – for a summary of the conclusions of this report see: *Ministry of Health: On the State of the Public Health the Annual Report of the Chief Medical Officer of Health for the Year 1968* (Her Majesty’s Stationary Office, 1969).

propose to use some of the 1.3 million tonne European butter mountain (which has already received a subsidy from the consumer), to feed cows in order to produce more consumer subsidized butter which will go to feed ... Medical opinion supports an increase in the ratio of polyunsaturated fats (as in some vegetable margarines). The commission, conversely, is considering the introduction of an oils and fat tax, to encourage the consumption of butter at the expense of margarine.¹⁴¹

The EEC was presented (in *The Times*) as a sinister player; it was portrayed as encouraging the consumption of products, such as whole milk, that was linked to higher rates of mortality, so that farmers elsewhere could benefit. Children were presented as particularly vulnerable to the consequences of CAP subsidies, and the controversy later began to spread to include the types of milk provided to schoolchildren. By 1982 Gloucestershire County Council was refusing to distribute milk provided by the EEC because, on the advice of the Education Board's doctors, it was considered 'inappropriate' to offer schoolchildren full-fat milk.¹⁴²

Political commentators, such as those in *The Times*, were not the only influential group that was suspicious of the impact of CAP on the health of the population. Recommendations by the Committee on Medical Aspects of Food Policy (COMA), regarding the relationship between diet and cardiovascular disease, stated European policies should be re-evaluated:

Consideration should be given to ways and means of removing, from the Common Agricultural Policy, those elements of it that may encourage individuals and families from implementing the recommendations for dietary change.¹⁴³

To suggest that that concerns over obesity were directing the relationship between Britain and the EEC would be a misnomer. However, these concerns do illustrate the notable shifts in the socio-political position of obesity as a public health concern; at the

¹⁴¹ 'The unhealthy subsidy' (anon), *The Times*, Nov 27th, issue. 62626, 1986, p. 14.

¹⁴² "Milk 'May Harm Children'" (Our Correspondent), *The Times*, Mar 3rd, 1982, issue. 61172, p. 2.

¹⁴³ *Diet and Cardiovascular Disease, Committee on Medical Aspects of Food Policy: Report to the Panel on Diet in Relation to Cardiovascular Disease* (Department of Health and Social Subjects: Her Majesty's Stationary Office, 1984), p. 12.

same time the second NSC reported that they were “unanimous in our belief that obesity is a hazard to our health”.¹⁴⁴ By the mid-1980s, not only had the premise that obesity was a significant public health risk been widely accepted, but concerns over its wider social implications resonated at a sufficient level as to legitimise political tension between the Britain and the EEC.

Fears over political sovereignty were not the only way that international politics could affect the character of obesity policy; as a legislative body the EEC (the European Community (EC) from 1992 to 2007, and the European Union (EU) from 2007 onwards) also had an effect on national public health policy. The Lisbon Treaty (signed in 2007) offers the most comprehensive outline of the current EU health strategy. ‘Together for Health’ outlined a commitment to reducing health inequalities in the Union, with obesity signposted as a particular area in which socio-economic inequalities were expressed.¹⁴⁵ During the period under consideration for this thesis, the health policies of the EC were less defined, although there were a couple of key reports and shifts in policy that occurred in the early 1990s, which signalled the intention of the EC to become more involved in public health. ‘Communication on the framework for action in the field of public health’ was released in 1993 and outlined several areas for action, which included research on pan-European health issues and funding for health promotion – particularly in areas associated with ‘lifestyle’.¹⁴⁶ By 1996, from the roots of this framework, there were several schemes in place that were specifically targeting obesity; for instance, a project based out of the Republic of Ireland that sought to create a European database on attitudes towards body weight, and the establishment of a pan-European network to promote healthy eating and exercise.¹⁴⁷ Other decisions by the EC at this time included the following policy regarding health promotion:

¹⁴⁴ James, *Research on Obesity: A Report of the DHSS/MRC Group*, p1.

¹⁴⁵ Healthier Together in the European Union, Health and Consumer Protection Directorate-General, 2007, http://ec.europa.eu/health/archive/ph_information/documents/healthier_en.pdf accessed 5th November 2011.

¹⁴⁶ http://www.europarl.europa.eu/aboutparliament/en/displayFtu.html?ftuld=FTU_5.5.3.html accessed 29th March 2014.

¹⁴⁷ For a description of these projects see the following outlines: http://ec.europa.eu/health/ph_projects/1996/promotion/promotion_project_1996_full_en.htm#19 accessed 5th November 2011.

... that the promotion of a healthy lifestyle as regards nutrition is vitally important to enable people to make the necessary choices for ensuring appropriate nutrition in keeping with individual needs.¹⁴⁸

The identification of obesity and nutrition as an important site of ill health was not necessarily different to those being developed nationally at this time; nevertheless, it highlights that there were multiple levels of policy at this time, and that UK decisions were working within international, as well as national, frameworks.

Affluence and Illness: Post-war assumptions about nutritional health and obesity

Fear over the negative consequences of affluence, and the greater economic comfort of the wider population, are not unique to the post-war period. Arthur Herman, writing in *The Idea of Decline in Western History*, argues that the notion of social, cultural, and institutional decay has been prevalent in Western European intellectual thought since the flowering of the industrial revolution, and that this followed many other societies that had feared that they caused their own demise through the success, power, and prestige of their culture.¹⁴⁹ In post-war Britain these fears were reformatted through the prism of diseases of affluence. One of the first examples of the conflicted approach that British society had towards affluence occurs in the latter days of rationing. A 1952 Pathé news report entitled 'Yum, yum!' on the end of sweet rationing gives a flavour of the cultural excitement that accompanied freedom of choice:

As zero hour approaches, the dawn patrol gathers outside the confectioners, early birds get a special reward, moneyboxes are rifled and even father joins the queue.

The longest memories find it hard to recall such days of plenty. Begad that, that stuff makes even grownups do childish things. The good news that

¹⁴⁸ Decision No 645/96/EC of the European Parliament and of the Council of 29 March 1996 adopting a programme of Community action on health promotion, information, education and training within the framework for action in the field of public health (1996 to 2000).

¹⁴⁹ Arthur Herman, *The Idea of Decline in Western History*, (London: The Free Press, 1997).

draweth old men from the chimney corner and children from play puts the fun back into being young. Tots' mouths have watered a whole lifetime for that great day, for years they have been cheated by the hard fact of world economy, from the unrestricted orgies once accepted as the birth right of every child.

But now hundreds and thousands are back by the billion, sherbet and rock, gobstoppers and aniseed balls, lollipops and chocolate bars.

And now for the tummy-ache of a lifetime!¹⁵⁰

Abolishing rationing, while keenly awaited by many, was viewed in some parts of the Government (and elsewhere) as a potentially problematic event. Concerns were raised that the population, if they were able to consume without limitation, would over-indulge. A 1957 article from *The Times* concisely forecasts the nutritional problems that enmeshed public health policy after the Second World War:

Nutritionists will need to keep a continuing watch on diets of more vulnerable groups of the population, in particular the larger families. But now a new kind of nutritional problem is arising in both the United States and in this country - a problem of plenty. Younger and middle-aged adults are already faced with the problem of satiety. At their present level of food consumption they can only avoid obesity by strenuous exercise and an increased wastage of food, or, of course, changing to less calorific forms of indulgence.¹⁵¹

Higher levels of food availability - especially those sweets so eagerly awaited by the 'tots' of the nation - were not viewed as a wholly positive development. John Charles, the CMO of England and Wales, also expressed similar concerns in 1954 when he wrote of the potential impact that free food choice would have on the rates of cardiovascular

¹⁵⁰ 'Yum, yum!', 1949, <http://www.britishpathe.com/video/yum-yum> accessed 2nd February 2012.

¹⁵¹ 'Free From Restrictions: Changes in the Cost and Character of the British Diet' (anon), *The Times*, Monday January 21st, issue 53744, 1957, p. ii.

disease.¹⁵² Improvements in nutritional health were largely pinned to the equity of wartime food policies and rationing, and fears of reverting to the problem of malnutrition dissipated very quickly at the end of the war. 'Vulnerable' sections of the population (such as children or the elderly) became the focus of nutritional health concerns, implying that the state need not, or should not, be concerned with the decisions of the choices of rational adults.¹⁵³ Malnutrition as a cause for national concern had, by the early 1950s, been marked as a problem confined to pre-war Britain with the issue of over-nutrition taking its place.

Although it tends not to be discussed in any detail, during the period 1950 to 1995, there were studies that indicated that class often had a bearing on one's weight. W.P.T James, who compiled the 1978 DHSS report, also narrated a video programme, which noted that both men and women in the 'lower' social classes had a higher tendency to be overweight – and that this was appreciably higher in women.¹⁵⁴ Similarly, an article from *The Times* from 1965 also noted that working-class women tended to have higher body weights than their wealthier counterparts. However, despite this awareness, reasons for this phenomenon were not offered, which meant that, although it was noted that relationship between obesity and wealth was changing, it was not considered to be of significant importance.

Throughout the period considered by this thesis, nutritional health was defined by the state as a sufficient intake of calories, which had notable implications for post-war formations of health policy. Most significantly, these understandings of nutritional health facilitated an approach to obesity that served to separate it from the problems of poor health and income, thereby constructing obesity as a consequence of individual choice. Furthermore, the existence of obesity provided a strong argument for the withdrawal of the state from policies of nutritional support for the population during the 1970s and 1980s because it could be argued that a newly affluent British population no longer required such help. In 1958, the MOH signalled the beginning of this process by suggesting that it was "increasingly recognised that the health of the nation does not

¹⁵² *Report of the Ministry of Health for the Year Ended 31st December 1954: Part II on the state of the Public Health being the annual report of the Chief Medical Officer*, cmd. 9627, pp. 127-8.

¹⁵³ *The annual report of the Chief Medical Officer of Health for the year 1964*, p. 11.

¹⁵⁴ The lower social classes referred to those in group IV and V who had partly skilled and unskilled occupations. *The Causes of Obesity*, 1975, Wellcome Trust Library, <http://wellcomelibrary.org/player/b17259204#?asi=0&ai=0> accessed 29th November 2014.

wholly depend on provision by the state.”¹⁵⁵ Towards the end of the period 1950 to 1995, the tentative language used in 1958 was replaced by strong statements about where the state positioned itself with regards to intervention in public health. ‘Personal responsibility’ and ‘individual lifestyle’ dominated the language of reports, replacing intervention with ‘informing’, ‘educating’ and ‘enabling’ individuals to make better choices.¹⁵⁶ The passive role of the state is reliant on the justification outlined above: namely that people had the economic capacity to purchase foods as they wished, and that it was poor choices, ignorance, or unwillingness to follow the guidance that led to poor health. Such arguments are typified by the 1984 *Report on Diet and Cardiovascular Disease*, which stated that: “diet is a matter to be decided on by individuals and by families after consideration of its possible bearing on health.”¹⁵⁷ Food had become a series of rational consumer choices, and issues regarding access, cost, ease of preparation, and taste are notably absent, as food is constructed as a decision made on the basis of nutritional health and an awareness of the impact that it might have in later life.

Part II

Revising Affluence? Obesity, neo-liberalism, poverty and inequalities in health

Language that focuses on ‘enabling’, ‘choice’, the ‘rational consumer’, and ‘personal responsibility’ is characteristic of a neo-liberal approach to public health, which places the individual at the centre, with the economic and structural causes at the periphery of the nexus of food choice.¹⁵⁸ As a counterbalance to these national discourses, the

¹⁵⁵ *Report of the Ministry of Health for the Year Ended 31st of December 1958*, Her Majesty’s Stationary Office, Cmnd. 871, 1959, p. 136.

¹⁵⁶ For an example of this shifting language see *Sub-Committee on Nutritional Surveillance: Second Report by the Committee on Medical Aspects of Food Policy* (Department of Health and Social Security, Report on Health and Social Subjects No.21: Her Majesty’s Stationary Office, 1981), p. 5. Also, *Diet and Cardiovascular Disease, Committee on Medical Aspects of Food Policy*, p. 9.

¹⁵⁷ *Diet and Cardiovascular Disease, Committee on Medical Aspects of Food Policy*, p. 2.

¹⁵⁸ For further discussion of the role of neo-liberalism, public health and food choice see: *Bio-politics and the Obesity ‘Epidemic’: Governing Bodies*, ed. Jan Weight and Valarie Harwood (Abingdon: Routledge, 2009), or Julie Guthman and Melanie DuPuis, ‘Embodying neoliberalism: economy, culture and the politics of fat’, *Environment and Planning D: Society and Space*, vol. 24 (2006), pp. 427-48.

remainder of this chapter considers alternate groups or institutions that were seeking to address health inequalities at a local level.

Embedded within any consideration of obesity and health inequality is the wider question of whether excess weight results from biology, environmental factors, or personal choice. It has been illustrated above that a discourse of affluence underpinned any discussion of obesity in Britain. Weight, in an affluent society, was a matter of personal choice and it was therefore down to individuals to develop techniques to govern themselves around food. Such views were used as a way of reducing the duties of the state, because the suggestion was that the responsibility of the state only extended as far as ensuring that people received the minimum number of calories. This automatically excluded the obese whose illness was based on the consumption of too many calories. A counter argument is that a broader understanding of malnutrition, had it been adopted, would have illustrated that, although individuals may be overweight, it did not mean that they were sufficiently nutritioned.

At a national political level, obesity may have been divorced from issues of equality throughout the 1980s as a neo-liberal approach to public health dominated, but in other political spheres the matter of health inequalities was becoming increasingly prominent. In 1978, the year before the release of *The Black Report*, the declaration of Alma Ata by the WHO, outlined the following philosophical approach to health:

I

The conference strongly reaffirms that health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires action of many other social and economic sectors in addition to the health sector.

II

The existing gross inequality in the health status of the people particularly between developed and developing countries as well as within countries is

politically, socially and economically unacceptable and is, therefore, of common concern to all countries.¹⁵⁹

Reading this declaration in the context of requiring states to intervene in the levels of overweight in their population could be considered an oppositional reading, as those diseases labelled as diseases of 'affluence' were not specifically mentioned. However, there are some definite implications for how Governments should approach health, and a key aspect of this was the underlying principle that states should be striving to equalise the health outcomes of their own populations. Similarly, within the context of the EC's statements on public health during the 1980s and early 1990s, it has already been noted that the 1993 framework emphasised the need for health equality and for member states to improve diets so that the socio-economic inequalities of mortality and morbidity rates in the EC could be reduced. Therefore, whilst the British Government was largely silent in this matter, other political institutions, such as the WHO and the EC did begin to address health inequalities in the period.

Health inequalities in the UK: A case study using the West of Scotland

Identifying health inequality as a site for intervention may have been a key difference between the UK Government and supra-national organisations, such as the EC and the WHO, yet it is less clear how the personal responsibility and inequality debates were interpreted at a local level. The second half of this chapter uses two oral histories and supplementary evidence to explore how the matter of health inequalities permeated the efforts of those working in disadvantaged communities. It also highlights that, while the notion of affluence causing obesity in the post-war period is implicitly embedded within most of the literature, poverty, food access, and the cost of living were still central factors in food choice for those living in deprived communities.¹⁶⁰ Using these

¹⁵⁹ Declaration of Alma-Ata: http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf, accessed 17th November 2011.

¹⁶⁰ Poverty and deprivation, as conceptualised within the remainder of this chapter, is not the absolute poverty described by researchers such as Rowntree at the beginning of the 20th century. Rather, it refers to the relative poverty of those living in post-war Britain for whom access to food was not a question of obtaining a minimum number of calories, but for whom lack of economic resources made it difficult to purchase and prepare foods considered 'healthy'. The term 'relative' poverty was first coined by Peter

case studies the second half of this chapter portrays how, during the 1980s and 1990s, local groups and organisations were directly tackling some of the problems caused by structural inequalities, and, as a result, were able to reshape the debate on obesity and affluence.¹⁶¹

Poverty was a dominant theme in both interviews, with the notion of health inequalities forming a central tenet of how the interviewees described the key concerns of their own work. Bill Gray was a community health practitioner who worked in Ferguslie in Paisley during the 1980s and early 1990s, until he moved to Community Food and Health Scotland. Fiona Smith was a community dietician who began practicing in England in the early 1980s, and moved to Scotland shortly afterwards. She also worked in Ferguslie for a time before starting work in rural Ayrshire. Both Gray and Smith structured their responses around descriptions of the way that social and environmental factors affected the health of those that they worked with, and linked their efforts to a new climate of public health that developed in the wake of Black Report, albeit on a local scale. Both Smith and Gray were involved in the production of a report, sponsored by Urban Aid, called *Nae Bread*, which was a survey of food consumption in a low income community in Ferguslie Park near Paisley.¹⁶² The outcomes of *Nae Bread* were contextualised by referring to *The Black Report* and *The Health Divide*; it was suggested in the report that these publications were formative in their interpretation of the results, and the authors concluded that:

Over the years, we have all been exhorted to eat food that is good for our health but whilst some groups in society are free to and able to make these changes, for others, notably the poorer sections of the community, these choices are restricted by many factors.¹⁶³

Townsend in *Poverty in the United Kingdom: A survey of household resources and standards of living* (Berkeley: University of California Press, 1979).

¹⁶¹ Interview one was conducted in December 2012 with Bill Gray, interview two was conducted in February 2013 with Fiona Smith.

¹⁶² Recent reports on deprivation in Scotland have cited the Ferguslie area of Paisley as the most deprived in the country, which indicates the longstanding levels of low income and deprivation that have existed in this area. For more on the Scottish Index of Multiple Deprivation, see: <http://simd.scotland.gov.uk/publication-2012/simd-2012-results/overall-simd-results/key-findings/> accessed 4th February 2014.

¹⁶³ Jan Milburn, Anne Clarke, and Fiona Smith, *Nae Bread: The first findings of an exploratory study of 440 low income individuals in relation to their food circumstance* (Health Education Department: Argyll and Clyde Health Board, c. 1987).

Similarly, the final report for Urban Aid identified its philosophical approach as following the WHO's definition of health in the declaration of Alma Ata.¹⁶⁴ Specifically discussing the organisations philosophical approach to working in the community, it stated that:

The community health project ... does not lecture people about the evils of smoking or drinking. Nor is it about encouraging people to eat healthier foods which aren't available in local shops or which they can't afford. Issues such as diet and dependency, including smoking, have been covered by the project but on the community's terms.¹⁶⁵

In both reports there are direct references to *The Black Report* and the declaration of Alma Ata, as well as more diffuse references to health inequalities. Rooted within these reports are criticisms of other forms of health advice that did not consider personal circumstance of those targeted. Through direct engagement with these issues, these projects position their ideological stance in contrast to the UK Government. Notably, both Gray and Smith also suggested that the 'inequalities' approach adopted within such projects formed a grassroots movement that fed upwards into national policy. Certainly, these community initiatives influenced *Scotland's Health, A Challenge to Us All: A policy statement* in 1992, which suggested that future schemes could be approached in a manner similar to those in Ferguslie.¹⁶⁶

Smith saw the ideological stance of these projects as linked to a rejection of the dominant 'blame culture', which saw people as entirely responsible for their own ill-health:

I think that it was quite influential, because there was, erm, at that time, and perhaps there still is ... but I think that there's recognition now that people's life circumstances affect their health. I think that, in the 1970s, it was much more focused on the individual. And it was about go away and sort yourself out, and take responsibility, and you can do better. And the Black Report really was the first big publication to come along and say,

¹⁶⁴ Final Evaluation: Urban Aid Project No 560/88, November 1994.

¹⁶⁵ Ibid. [Emphasis' authors own].

¹⁶⁶ Dalmarnock was another community project supported by Urban Aid funding that had been ran during the late 1980s and early 1990s. *Scotland's Health, A Challenge to Us All: A policy statement* (Edinburgh: Her Majesty's Stationary Office, 1992), p. 14.

‘actually, society is part of this problem’. We can’t live in a blame culture, we need to support people to improve things, and not just point the finger and ... it was. It was really well talked about, I mean it was enormous in the press, and y’know in conversations at work and things. Erm, because it just it opened lots of people’s eyes to the fact that we couldn’t expect individuals to make change in the context in which they were living.¹⁶⁷

Environmental and socio-economic structures as a cause of overweight were highlighted by both interview participants as crucial factors within processes of weight gain; the emphasis on choice and personal responsibility was felt by to be a distraction from the social processes that caused poor health in impoverished communities.

Responding to concerns that the community health project participants would be dissuaded from joining, if they felt that they were under attack, both interviewees described tactics that would be used to encourage participation. In particular, this came through when Gray was asked whether exercise featured within the projects that he facilitated:

Interestingly, it didn’t initially and again part of that was because of the image. I think, like diet as opposed to food, exercise can often come across as very, erm, almost victim blaming almost. It gives an impression that, it’s you own fault, get out and walk more or whatever. But actually, over time, local health promotion department was encouraged by, I think it was the health education board, had introduced a thing called “Walk About a Bit”, and they did that for a couple of years. A local community thought ‘yeah that’s fine we’ll go along with that. Fine if that’s what you want’. They organised this big community activity and then it stopped being flavour of the month (nationally), and therefore the resources didn’t to go to the health promotion team locally. And what I thought, again what I thought was the strong thing, was that the community said ‘well we don’t care, we’re still going to have another Walk About a Bit Event this year’. For two or three years after it had been nationally brought to an end, they just carried on with it. That was part of the mentality of it, we don’t get told when to do something, and when to stop doing something, if we think it is

¹⁶⁷ Fiona Smith, interviewed by Martha Kirby, Kilmarnock, Ayrshire, February 2013.

necessary. So it was nice that after having initially been a wee bit reticent, on the exercise-side they ended up with this mass walk in. And every year it became this major social event in the area. I think that the important thing was that they were insisting on continuing with it.¹⁶⁸

Individualism and personal responsibility, which featured so prominently within national statements of public health and body weight, were clearly felt to be divisive terms. As a response, those working within the communities expressed unease about any public health messages that could be framed as using similar arguments. Reasons for this unease were twofold; because it discouraged participation from the local community, and also because of an ideological reticence towards perpetuating such approaches to public health.

Funding for the Ferguslie project came through Urban Aid, a body established in response to the Inner Urban Areas Act of 1978. This Act gave local authorities the opportunity to apply for support to promote regeneration of areas that were considered to be of 'special social need'. Although this funding was not explicitly centred on food or health inequalities, Gray suggested that food was deeply embedded in most initiatives:

I mean some are blatantly food initiatives, whereas if you scratch the surface you find food in so many initiatives. Whether it is what they are serving in the youth café, whether it's, urm, working, as we did, wi' drug users, but then what are they eating? How are they surviving while they're spending as much of their income? Or whatever they can get by whatever means, on drugs, what are they eating? Y'know so you find, erm, that these dietary issues crop up regardless. And that works always, I mean people who work in here, who often work on fuel poverty and you think: 'well that's fine but if people are having trouble with their fuel you know that they will be having trouble with their food'. Because if you, er, you know if you've not got enough money to pay for the energy, then the chances are you are struggling with your food bills as well. It's in there with so much of what goes on.¹⁶⁹

¹⁶⁸ Bill Gray, interviewed by Martha Kirby, Glasgow, December 2012.

¹⁶⁹ Ibid.

Allocation of Urban Aid might have been restricted to highly impoverished areas of the UK, but it highlights that, although poverty might not have figured in the national agenda, there were mediums through which organisations could work on projects that considered, or explicitly criticised, structural inequalities. It does also further support the argument that issues regarding poverty and poor diet were being addressed at this time, albeit not through explicit national policies regarding the nutritional health of the population.

Food Deserts: Poverty, industrial decline and food choice

Poverty, as a key feature of people's experiences of food, cooking, and eating, dominated the interviews conducted for this thesis. The participants seemed to identify two broad ways through which these inequalities expressed themselves; the first was through the food that could be purchased within the local community; whilst the second impact centred on the way that people's home environment interfered with their ability to cook and prepare food. Cooking facilities and the home environment was particularly highlighted by Smith, when she described her early experiences of working as a hospital dietician in the Midlands:

I definitely had a light-bulb moment; there was a chap who'd come into hospital and as, he was very poorly, he was diagnosed as a new diabetic. So we had a number of conversations while he was in hospital about what he ate. Whenever I, we spoke about it, he said "Oh I'll try and do that'. So things like, he fried a lot of food, and I said to him 'do you think that there are other ways you might be able to cook?' And he said 'yes I could do that', and we talked about cooking various things, and I said 'well how about if you cook more than you need and freeze half of it?' He said 'oh yes I can do that'. So, so he seemed to be very keen and able, and I went to visit him when he was at home. He lived in a... in a bedsit, basically, with a shared bathroom on the landing, and he lived in one room, and he had a table top Baby Bell [a table top stove] in the corner, which didn't work very

effectively. Certainly, the grill didn't work, and we'd talk about grilling, and he had said 'yes I can do that'. And he didn't have a freezer, he had a little table top fridge... and... when I said to him 'well it's quite different really isn't it living here? And he said, 'yeah, but I, I didn't want to, I was too ashamed to talk about it'. And really, that made me realise, that there's no point in speaking to people in hospital, in their clean PJs, and their clean white sheets, when actually their world outside is, very, very different. And it's about trying to work out whether food has a place in their world, and if it does, how does it fit? How can we support people to do the best that they can do?'¹⁷⁰

Food, as part of a wider web of social and personal circumstance, came through as a very strong theme within both interviews, and it highlighted that while affluence may have been part of the British post-war experience, for many, living conditions remained difficult. Certainly, for Smith the realisation that people might not have a freezer, fully functioning fridge, or even a grill, did not conform to her own experiences. Writing on nutrition and standards of living in the post-war period, Anne Murcott suggested that the spread of appliances, such as freezers, were important in facilitating access to fresher foods and improving nutritional intake.¹⁷¹ Likewise, in commercial and public health advice regarding weight management over the period, it became increasingly common for dieting manuals to suggest that people prepare food that could be frozen and re-heated to save on preparation time during the week.¹⁷² Underpinning this advice is the expectation that the readership is sufficiently affluent to own certain domestic appliances, yet both interviews, and the reports that were based on these communities, suggested that poor facilities for the preparation and storage of food led to the consumption of poor quality and easy to prepare foods.

¹⁷⁰ Smith also described that while she was working in Ayrshire it was common for her to support clients who were seeking help from the Money Advice Service to purchase cookers, thereby underlining the difficulty that those in poorer communities had in accessing kitchen equipment that would be expected at this time. Fiona Smith, interviewed by Martha Kirby, Kilmarnock, Ayrshire, February 2013.

¹⁷¹ Anne Murcott, 'Food and nutrition in the post-war Britain', pp. 158-9.

¹⁷² For examples of this type of advice see, Rose Dosti, Deborah Kidushim, and Mark Wolke, *Light Style, The New American Cuisine: The low calorie, low salt, low fat way to good food and good health*, (San Francisco: Harper & Row Publishers, 1979), or Rae Ward, *Food Should be Fun: Advice & Recipes for Healthy Eating* (The British Heart Foundation: 1989), p. 15. Likewise, academics often presented freezers as central to improving the provision of healthier foods within isolated or impoverished communities, H. M. Sinclair, 'Health and 'Health' Foods', *Nutrition Problems in a Changing World*, ed. Dorothy Hollingsworth and Margaret Russell (London: Applied Science Publishers Ltd., 1973), p. 258.

Food access, the second identifiable impact of poverty on nutritional intake, was a more amorphous concept that was linked to several different facets of post-war society, most notably, industrial decline and urban planning. Both interviewees worked in areas whose industrial base had collapsed over the preceding forty years; Ferguslie is a housing estate on the edge of Paisley that had been built to service the local shipbuilding, textile, and car manufacturing industries – all of which had fallen into decline during the latter part of the 20th century. Likewise, the area of Ayrshire that Smith largely discussed (aside from her brief stints working in Ferguslie and Birmingham) had been home to a large Nobel explosives factory and coal mining industry that also became largely defunct during the 1980s. It is perhaps notable that, whilst one area was ostensibly urban and the second was classified (by the interviewee) as a rural area, industrial decline and economic distress featured prominently within the narratives both told about the communities. Describing the local shops in Ferguslie, Gray painted the following picture:

It was a community where basically there was only two or three, when I say corner shops, they were on corners where there was no longer any houses! They were stand-alone sorts of, we always used to compare them to pillboxes in the war because they would be surrounded by barbed wire and the windows would always be constantly shut. Not that it made a lot of difference, because they wouldn't actually sell fresh fruit and vegetables anyway ...¹⁷³

Greengrocers, or shops that sold fresh fruit and vegetables to those living in the area, were seen as central by both participants, and their closure was viewed as catastrophic for local areas. *Nae Bread*, the report sponsored by the Argyll and Bute Health Education Board, conducted a survey of access to fresh fruits and vegetables, as well as interviews with people from the area about their food preferences. As part of the process, Smith described trying to decide which vegetables and fruits should be included within the typical 'healthy' basket for the area:

¹⁷³ Bill Gray, interviewed by Martha Kirby, Glasgow, December 2012.

So I started with a list of twenty things, all fruit and veg, and in the end we had to cost on eight, because there were only eight that were universally available. That was looking at town centre supermarkets, the kind of town, but maybe within the schemes or the periphery corner shops, and then some of the villages, the single shop communities. And the eight things that we ended up with did include a tin of tomatoes, a carton of orange juice, a bag of frozen peas, it wasn't all fresh stuff. Access was a real, it still is, a real problem ... I just thought well, y'know that looks fairly reasonable. But all of a sudden you realise that, fresh oranges? No, that's no good. Even things like, oh I don't know, things like cauliflower ...¹⁷⁴

Smith's description of shopping in the local area and the very restricted amount of choice offers a stark contrast with the affluent lifestyles portrayed in the weight loss literature, which increasingly included recipes that used exotic fruits and vegetables. Certainly, most diet manuals in the period expected their followers to have access to more than eight fruits or vegetables, and a vegetable like cauliflower would have been considered an unimaginative staple. Within the report *Nae Bread*, it was suggested that a week's menu for a family of four using 'economical every day foods', purchased in a supermarket, would cost a minimum of £45.¹⁷⁵ For households with no adult working in 1987 the average weekly income was £114 (including all benefits and 'benefits in kind'), a weekly food bill of £45 would therefore have constituted 39% of total household income.¹⁷⁶ Currently, the average percentage of household income that is spent on food and drink (excluding alcohol) stands at 8.9%.¹⁷⁷ This strongly implies that cost and access to fresh food would have been a limiting factor for people living in similar communities across Britain.

Access to larger, cheaper shops with greater choice of fresh foods was also identified within the interviews as inhibited by urban development. The Women's Food Poverty Group in Ferguslie conducted an experiment, which highlighted the difficulties of accessing fresh foods for those living on the outskirts of larger towns, such as Paisley.

¹⁷⁴ Fiona Smith, interviewed by Martha Kirby, Kilmarnock, Ayrshire, February 2013.

¹⁷⁵ The report also highlights that achieving these prices would have relied on having access to a large supermarket in one's local community. Milburn, Clarke, and Smith, *Nae Bread*.

¹⁷⁶ *The effects of taxes and benefits on household income, 1987*, Office of National Statistics, file:///C:/Users/0503308k/Downloads/effectsoftaxes1987_tcm77-244229.pdf accessed 9th April 2014.

¹⁷⁷ <http://www.ons.gov.uk/ons/rel/family-spending/family-spending/2013-edition/info-family-spending.html> accessed 9th April 2014.

For six weeks the group ran a free bus service into the centre of Paisley and the participants were asked to monitor their shopping habits to see if they changed. The results suggested that women not only purchased 20.59% more fruit and vegetables, but that they did so whilst spending £16.39 a week, or 42% of the cost of an economical healthy basket.¹⁷⁸ The continuation of reduced price transport for those in the area to enable access 'better' food shops was included within the recommendations of the final report on the Urban Aid funding in Ferguslie Park, which also argued that the geographical isolation of certain communities was a particular problem.¹⁷⁹ Likewise, both interview participants emphasised the access problems created by the trend for larger supermarkets that developed in the latter part of the 1980s. Such developments were based on an assumption that the majority of consumers would own cars and would drive to their local supermarket. Often, these developments were separated from town centres and surrounded by busy roads, thereby physically isolating those without private transport. Therefore, the picture is increasingly developed, for the small communities considered here, of a food map that centred on poverty but with attendant features that stretched from urban planning, to a lack of facilities to prepare, store, and cook food once it was accessed.

The interviews, as well as the attendant research, focus on the west coast of Scotland within deprived areas. Naturally, the geographical location will influence the underlying narrative of poverty within these sources.¹⁸⁰ However, the story of industrial decline is not unique to the west of Scotland; industrial heartlands in the east of Scotland, the north of England, and south Wales all experienced a similarly devastating process of industrial decline, which is reflected in research conducted elsewhere during this period. A social attitudes survey, conducted in the latter part of the 1980s, noted that half of the people interviewed cited cost as the most significant barrier to eating a more varied (and healthier) diet.¹⁸¹ Likewise, it was during the mid-1990s, in response to the policy document *The Health of the Nation*, that the Low Income Project Team of

¹⁷⁸ *Report of the Findings of Ferguslie Community Health Project Food Poverty Group Research Project* (Glasgow: Ann Hopkins and Associates).

¹⁷⁹ Final Evaluation: Urban Aid Project No 560/88, November 1994.

¹⁸⁰ Although, it should be noted that Smith who worked in London and the west-Midlands before moving to Scotland, and she felt that the problems she encountered were not overly different.

¹⁸¹ Aubrey Sheiham, Micheal Marmot, Bridget Taylor, 'Recipes for Health', *British Social Attitudes the 7th Report*, ed. Jowell, Witherspoon, Brook and Taylor (Aldershot: Social and Community Planning Research, 1990), pp. 157-8.

the Nutrition Task Force (LIPTNTF) established the concept of the 'food desert'.¹⁸² The descriptions of food deserts in the LIPTNTF research closely mirror those descriptions of food accessibility in the west of Scotland, namely the existence of highly populated areas where the provision of fresh food is extremely limited. Therefore, while commercial and state sponsored advice may have assumed affluence, and that food consumption was dictated by personal choice, economic and environmental limitations were also prevalent. Therefore, there are strong indications that the issue of food access, poverty, and poor nutrition did remain a live issue throughout the period that this thesis considers - despite a deeply embedded belief that obesity was incongruent with poverty.

Conclusion

In many ways, this chapter appears to be a story of opposites: the first story is of great wealth and prosperity leading to overconsumption en masse in the population; whilst the second is a portrait of continued deprivation and poverty in areas that experienced widespread industrial decline. However, the reconciliation of these two interpretations may lead to a more comprehensive understanding of the development of obesity in this period. The persistence of relative poverty, in the context of increased rates of overweight and obesity, was viewed by the national government as antithetical - essentially, obesity was caused by eating too much, and poverty was associated with not having enough to eat. As a consequence, the issue of continued deprivation and nutritional health was (largely) dropped from the national agenda, and widespread changes were made, with regards to nutrition policy, that fundamentally altered the fabric of the welfare state. Accompanying these assumptions regarding the nature of wealth and obesity was a shift in the political desire to directly intervene in the nutritional health of the population, except under highly specialised circumstances. Personal responsibility, and the need for individuals to take control of their diets through informed choice, began to dominate public health attitudes towards the obese. This was predicated on the belief that obesity did not result from structural inequalities,

¹⁸² For discussion of this see Tim Lang and Martin Caraher, 'Access to Health Foods: Part II. Food poverty and shopping deserts: What are the policy implications?', *Health Education Journal*, vol. 57 (1998), pp. 201-11.

but from problematic personal governance. However, the cost of high energy foods over this period, for instance confectionary, sugar, and fats declined sharply between 1950 and 1995, particularly in relation to the relative cost of fresh fruit and vegetables.¹⁸³ As a result, while access to sufficient calories may have been an indicator of prosperity in the interwar period, the declining cost of calories meant that access to a sufficient number of calories could not, in and of itself, indicate wealth, or nutritional health wellbeing. Therefore, the tension that seems to exist between the two stories explored here lies in the reluctant way that understandings of nutritional health and wellbeing were being redrawn in the post-war period.

Arriving at a dedicated policy on obesity, exercise, and diet took until the mid 1990s, with the publication of the *Scottish Diet Action Plan* in 1996 and *The Health of the Nation* in 1992.¹⁸⁴ However, as illustrated within this chapter, concerns about the impact of over-consumption were continuously forming throughout the period, and they found particular focus after the link between heart disease and obesity was established. Heart disease, as a major cause of premature death in the period, provided a focus for concerns about overweight and the declining physical fitness of the population, but was also intimately linked to broader discourses that viewed affluence as a danger to public health. This further intertwined obesity with affluence and heightened the juxtaposition between obesity and poverty at this time.

As the first of the thesis, this chapter offers an important counterbalance to the focus of later chapters, which are directed away from the narrative of poverty, food, and poor nutritional health explored here. Overwhelmingly, the focus of this thesis is pushed towards those discourses that viewed affluence, choice, and obesity as synonymous. This is because these are the discourses that underpin the vast majority of weight management literature consumed by the general public. Although the economic realities of diet and weight management do not come through strongly elsewhere, it is important to note that the lived experience of dietary management over this period was different to the idealised portrayal of middle-class lifestyles that dominated weight management literature. Throughout this thesis, it will be argued that part of the

¹⁸³ In recent years researchers in the field of obesity have increasingly suggested that it is the declining cost of energy dense foods that has created the socio-economic patterns of overweight in wealthy Western countries, see: Adam Drewnowski, 'Fat and Sugar an Economic Analysis', *The Journal of Nutrition*, vol. 133, no. 3 (2003), supplement pp. 838-40.

¹⁸⁴ *The Health of the Nation* was not a dedicated dietary plan for England and Wales but it did mark diet and exercise as a central pillar of future public health programmes.

continued appeal of weight management, despite the evident lack of success for most people, is the way that weight management enabled people to re-cast themselves as improved and re-formed individuals. Naturally, within this idealised portrayal of one's future life, concerns about money, or the cost of one's diet did not appear - resulting in a body of advice that configured people's lives in a way that diminished such mundane concerns.

Chapter 2: Medicine, Feminism, and Treating Obesity 1950-1995

Since the Second World War, medical advice on the components of a healthy diet has remained overwhelmingly consistent. Changes in the medical treatment of obesity have resulted from the development of new techniques for reducing the number of calories absorbed by the body, as well as the evolving social, cultural, economic and political understandings of 'excess' weight in the post-war period. During the 1950s, the publication of several key reports on the relationship between obesity and CHD redefined the 'problem' of excess weight. No longer was obesity a matter of social and personal inconvenience, it was also a problem that could have implications for wider society, particularly as it became clear that CHD was becoming the leading cause of premature death in the UK. The politicisation of obesity meant that the medical profession's approach to treating the obese was tied into the wider public health implications of excess body weight, as well as the health implications for individual patients.¹⁸⁵ This chapter explores how obesity, as a public health crisis, interacted with medical efforts to control patient's body weights, and how the tangential intervention of feminism challenged established facets of the traditional medical approaches to overweight. In response to feminist interventions, poor health was increasingly located in a broader set of circumstances, including environment, economics, personal psychology, and biology.

Theoretical Approaches to the Medical Encounter and the Obese

Academic interest in the social, cultural, and economic particulars of obesity largely date from the years after the millennium, when the WHO labelled obesity an epidemic. Recent rankings of the world's most obese nations have tended to garner particular attention, particularly in 2013 when it was noted that obesity rates in Mexico were

¹⁸⁵ For further discussion of governmental responses to obesity refer to Chapter 1.

higher than in the U.S.¹⁸⁶ However, this marks a departure from historical patterns of obesity which located the disease in wealthy Western countries, and for whom overweight was a health challenge posed by affluence.¹⁸⁷ Historical practices of weight management have received less attention from the history of medicine, although there are some notable exceptions to this. Isabel Fletcher has written on the historical antecedents of the labelling of obesity as an 'epidemic', while other authors such as Gilman, Sterns, Schwartz, and Zweiniger-Bargielowska have also written on the framing of obesity in medicine and popular culture.¹⁸⁸ However, these authors have primarily focused on pre Second World War approaches to obesity, therefore the cultural facets of dieting outlined by these authors reflect their own specific periodisation and cultural context. In *Never Satisfied: A Cultural History of Diets, Fantasies and Fat*, Schwartz considers the emergence of dietary regimens in the 19th and early 20th century, and traces the development of calorie counting, as well as other fads, such as Fletcherism.¹⁸⁹ Schwartz focuses on the rituals and technologies associated with modern dietary management, such as the process of weighing oneself on bathroom scales. However, because many of these technologies - and associated rituals - emerged from America in the late-19th and early-20th century, Schwartz overwhelmingly focuses on the American experience of dieting in the earlier part of the 20th century. British experiences of dietary management from 1900 to 1939 are considered by Zweiniger-Bargielowska who focuses on the development of fitness and weight management advice that was largely aimed at men.¹⁹⁰ This provides a good basis for understanding pre-Second World War attitudes towards health, fitness, weight management, and fears about public health. However, these concerns were bound up within discourses centring on citizenship and racial fitness - a product of the unique social and cultural context that existed in the period leading up to the Second World War.

¹⁸⁶ A recent report by the U.N indicated that Mexico has an obesity rate of 32.8%, whilst the U.S. has an obesity rate of 31.8%, *The State of Food and Agriculture, 2013*, Food and Agriculture Organisation of the United Nations, Rome, 2013, p. 77 & 79.

¹⁸⁷ For further discussion on the relationship between affluence and obesity in an historical context, refer to Chapter 1.

¹⁸⁸ See, Isabel Fletcher, *Obesity: A historical account of the construction of a modern epidemic*, PhD. thesis submitted to Edinburgh University (2011); or, Schwartz, *Never Satisfied*; or, Ina Zweiniger-Bargielowska, *Managing the Body: Beauty, Health and Fitness in Britain, 1880 – 1939* (Oxford: Oxford University Press, 2010); Gilman, *Fat: A Cultural History*.

¹⁸⁹ Fletcherism was a diet based on the belief that careful mastication of food would better prepare the stomach for the food it was receiving, thereby limiting the amount of food consumed. Hillel Schwartz, *Never Satisfied*.

¹⁹⁰ See, Zweiniger-Bargielowska, *Managing the Body*.

The research that most closely parallels this thesis with regards to periodisation is Fletcher's thesis *Obesity: A historical account of the construction of a modern epidemic*, which considers the convergence of different scientific and medical interests that resulted in the (problematic) labelling of obesity as an 'epidemic'. There are some overlapping arguments between the present thesis and *Obesity: A historical account*, most notably it is argued that the development of epidemiological links between obesity and chronic illnesses led to a sharpened interest in the particulars of obesity.¹⁹¹ Nevertheless, the focus of the two theses are notably different, Fletcher concentrated on developments in the medical sciences that contributed towards contemporary understandings of obesity aetiology. The focus of this thesis, however, is largely on the ways that the overweight were advised to manage their weight and the socio-cultural relationships evident in the construction of this advice. Part of this thesis does consider how guidance regarding obesity management was changing over the period due to new scientific understandings, but it is argued that the central tenets of the advice remained the same, while the social and cultural contextualisation of body weight and health were shifting in response to the newly understood links between obesity and other medical conditions.

The other area of literature that informs this chapter is the strain of medical sociology that considers the formation of power dynamics within the doctor-patient relationship, and its impact on experiences of illness and treatment. Over the course of this chapter it is shown that patients who went to the doctor for weight loss advice were not understood to have much agency within the process, until the latter part of the 1980s when feminism began to permeate medical discourses on weight. Existing histories of patient advocacy have tended to focus on two key areas, mental health and childbirth. Patients with mental health problems had long been considered incapable of making their own decisions and, it was argued, this led to the legitimisation of direct institutional control over the patient. Nancy Thomas, writing on the development of these advocacy groups, located the lack of patient autonomy with the social stigma attached to mental illness, because those who had been diagnosed as mentally ill tended to lack the social, economic, and political capital to effect changes to national

¹⁹¹ Fletcher, *Obesity: A historical account of the construction of a modern epidemic*.

policy, or, indeed, medical practice at a local level.¹⁹² Ann Oakley and Sally McIntyre were prominent writers in the critique of medical attitudes towards childbirth. They both suggested that, from the Victorian period onwards, midwives were pushed out of the birthing process, particularly as births were moved out of the home and normalised within a hospital setting. As a consequence of this migration, women's bodies, or more specifically, the experience of pregnancy and childbirth, had become medicalised, often necessitating some form of intervention. However, according to Oakley and McIntyre, these interventions were not in the best interests of mothers because they disrupted the natural process of childbirth.¹⁹³ In the two examples of mental health and childbirth, the advocacy groups argued that there was a critical imbalance of power between the medical profession and the people that they were treating.

Roy Porter, Thomas, and others, have argued that these advocacy movements were borne out of a wider countercultural milieu, which, on occasion, directly criticised the foundations of the medical approach. Most notably, mental health advocacy found its strongest voice in the anti-psychiatry movement which adopted the writings of R.D. Laing. Laing suggested that 'madness' was not a biological illness as conceived of by doctors, rather it was a mental state that was stigmatised by the bounds of socially constructed behavioural norms.¹⁹⁴ Likewise, feminist critiques of the medical profession were intended to challenge the patriarchal privilege of the medical profession, and question the control that medicine (a male dominated institution) had over women's bodies. Therefore, both movements were associated with wider social developments that questioned the locus of power within society, and this was expressed through attempts to re-draw the power relationship that existed within doctor-patient encounters. Obesity, body weight, and dietary management are not phenomena generally associated with advocacy or patients' rights; and although this chapter does not directly deal with obesity advocacy, it will be argued that the effect of counterculture social movements, particularly feminism, can be felt in the ways that obese patients were understood and treated by the profession from the early 1980s

¹⁹² Nancy Thomas, 'The Patient as a Policy Factor: A historical case study of consumer/survivor movement in mental health', *Health Affairs*, vol. 24, no. 3 (2006), pp. 720-729.

¹⁹³ Ann Oakley, *The Captured Womb: A history of the medical care of pregnant women* (Oxford: Basil Blackwell, 1984); and Sally McIntyre, 'Review Article: The sociology of reproduction', *Sociology of Health and Illness*, vol. 2, issue. 2 (July 1980), pp. 215-222.

¹⁹⁴ Nick Crossley, 'R.D. Laing and the British Anti-Psychiatry Movement: A socio-historical analysis', *Social Science and Medicine*, vol. 47, issue. 7 (October 1998), p. 878.

onwards. It will also be suggested that, while the arguments emanating from feminist writers were not intended to directly engage with the approach of the medical profession, there were tangential implications as these arguments affected a broader cultural change in social constructions of dieting.

Since 1995, there has been a flourishing of literature that questions the medical and scientific basis of obesity. Notable publications include, *The Obesity Myth: Why America's Obsession with Weight is Hazardous to your Health* by Paul Campos, and *Big Fat Lies: The Truth About Your Weight and Health* by Glenn Guesser. Both books argue along similar lines; that the scientific reasoning behind contemporary understandings of obesity is flawed, because they place greater emphasis on the mortality risks of obesity than are supported by current evidence. Furthermore, they argued that, while there is a correlation between mortality risks and obesity, it has not been proven that obesity is the direct cause of ill-health; it could be lack of exercise, for instance, that caused ill health rather than the physical weight of the body itself.¹⁹⁵ Meanwhile, Katherine Flegal, epidemiologist at the Centre for Disease Control and Prevention, recently confirmed earlier suggestions that mild to moderate overweight was linked to a reduction of mortality risks, when compared to the 'healthy' population.¹⁹⁶ As the criticisms that question the science of obesity developed after 1995, the more recent history of obesity might fit into the traditional pattern of patient advocacy.¹⁹⁷ However, for the period under consideration in this thesis, criticism of the medical approach remained largely cultural and embedded within feminist literature on social expectations of body weight and body image.

Overwhelmingly, this chapter engages with literature drawn from areas of medical sociology not specifically related to obesity, but whose broader themes are nonetheless applicable, for example Talcott Parsons' sick role theory. Parsons' sick role theory, which drew on functionalist frameworks, suggested that healthy people were expected to fulfil a range of social, cultural, and economic obligations. During periods of illness people they were released from these obligations, but only if they accepted and

¹⁹⁵ Paul Campos, *The Obesity Myth: Why America's Obsession with Weight is Hazardous to your Health*, (Gotham Books, 2004); and Glenn Guesser, *Big Fat Lies: The Truth About Your Weight and Health* (Gürze Books, 2002).

¹⁹⁶ Katherine Flegal *et al.*, 'Association of Cause All Mortality with Overweight and Obesity Using Standard Body Mass Index Categories: A systematic review and meta-analysis', *Journal of the American Medical Association*, vol. 309, no. 1 (January 2013), pp. 71-82.

¹⁹⁷ Crossley, 'R.D. Laing and the British Anti-Psychiatry Movement: A socio-historical analysis', p. 877.

performed the 'sick role'. Under the auspices of the 'sick role' people would be expected to fulfil the following criteria: accept the 'ill' label; follow all medical advice; and do everything that they can to improve their condition, thereby limiting the period that they were unwell for.¹⁹⁸ However, the applicability of this role in modern society has been questioned by John Burnham, amongst others, who suggested that this set of social conditions were no longer relevant given the growth of the 'diseases of affluence', which are linked to lifestyle choices such as smoking, diet, and lack of exercise.¹⁹⁹ The various ways that the obese do not conform to the sick role, as outlined by Parsons, are pertinent to this chapter for several reasons. Firstly, the obese are perceived to be responsible for their own ill health because their condition is seen as related to poor dietary and lifestyle decisions, and, likewise, obese patients who fail to lose weight are felt to be ignoring medical advice, thereby prolonging, or even worsening, their condition. This chapter engages with some of the ways that obese patients contravene the traditional constructions of illness and the early efforts of doctors to fit patients into the 'sick role'. However, in the second half of the period 1950 to 1995, the relationship between doctor and obese patient increasingly became one of negotiation and support, rather than simple acceptance of medical authority.

There are two main sections to this chapter, to begin with it outlines some of the ways that obesity was defined by the medical profession from 1950 to 1995, and offers explanations as to why very little demographic information on the weight of the population exists from this period. It continues by considering traditional forms of obesity treatment and the impact of a greater awareness of the link between obesity and chronic illness on the treatments suggested by the medical profession. Through reflecting on systems and styles of medical treatment before 1980, it is argued here that it is possible to detect underlying frameworks, which were intended to enhance the belief in personal responsibility for body weight, as well as the broader power relationships that were enacted on the overweight patient. Building on these frameworks, the second part of this chapter outlines the psychoanalytic arguments regarding body weight, popularised by feminist authors in the late 1970s, considers the

¹⁹⁸ Talcott Parsons, 'Illness and the Role of the Physician: A Sociological Perspective', *American Journal of Orthopsychiatry*, vol. 21, issue. 3 (July 1951), pp. 452-460.

¹⁹⁹ John C. Burnham, 'The Death of the Sick Role', *Social History of Medicine*, vol. 25, no. 4 (2012), pp.761-776.

relationship between these arguments, and its broader impact on weight management advice offered by health care professionals from 1980 onwards.

Part I

Who, What, When and Where? Uncovering post-war nutritional advice and the demographic incidences of obesity 1950-1995

The nutritional policies of the national government during the Second World War provide an instructive starting point for unpicking nutritional standards from 1950. British doctors, through the BMA and alongside the government, were responsible for devising a series of nutritional minimums for a population experiencing food rationing. On average, allowances were calculated at 2,900 calories a day per adult - but this was adjusted depending on the work performed by the individual.²⁰⁰ The focus of the MOH was on providing the minimum number of calories. There was an awareness that one's source of calories needed to be 'balanced' between protein, fat, and carbohydrates, although vegetables were not included within this conceptualisation of balance.²⁰¹ Some vitamins and minerals were considered essential, most notably calcium and vitamin C, which led to milk and orange juice being distributed for free to schoolchildren.²⁰² However, despite this awareness, the focus remained on ensuring the provision of a sufficient number of calories, rather than ensuring that energy was derived from a balance of foodstuffs. This was illustrated by a report on British food consumption levels from 1949: "the rise in consumption of butter, margarine, lard and sugar, has made good the loss of calories resulting from a reduced meat [and soft fruit] consumption".²⁰³ While it is not surprising that the focus of the government was to ensure minimum energy requirements were being met, it is notable that the perceived value of 'balance' was superseded by the demands of energy - and in this context, fat was as valid a nutritional energy source as meat and soft fruits.

²⁰⁰ As discussed in a House of Lords debate on Thursday 22nd May 1947, reported in the 'Health of the Nation', *The Times*, May 23rd 1947, p. 8.

²⁰¹ *Summary Report by the Ministry of Health for the period from 1st April 1941 – 31st March 1942, 1943*, cmd. 6394, p. 3.

²⁰² For further discussion of nutritional policies during the Second World War see Chapter 1.

²⁰³ *Food Consumption Levels in the United Kingdom*, August 1949, cmd. 7842, p. 2.

Energy demands may have superseded other nutritional concerns during the war, but this was also consistent with pre-Second World War attitudes towards health and nutrition. During the Great Depression, for instance, the markers of nutritional health were focused on whether the population was obtaining the minimum number of required calories. Before 1950, there was also a different attitude towards an increase in the weight of the population. In the inter-war period, the increasing heights and weights of schoolchildren were viewed as an indicator that the Great Depression was not adversely affecting the health of the population.²⁰⁴ Likewise, during the war, an increase of schoolchildren's weights led to the MOH declaring that rationing had improved the health of the nation.²⁰⁵ Governmental and medical cultures of nutrition, food, and health in this period reflected a time when deprivation was the norm, and, consequently, an increase in the amount consumed by the population, or its weight, was heralded as a positive step in public health.

As outlined in the previous chapter, attitudes towards higher body weights changed very quickly at the end of rationing in the early 1950s, and so this period marks a decisive break in traditional discourses concerning nutrition and deprivation. After 1955, medical advice disseminated in the popular press encouraged readers to reconsider conventional nutritional wisdoms, especially those relating to infant nutrition:

Though some medical officers seemed to think that the ideal baby was the one with the biggest girth, the fact remained that if one overfed animals they matured earlier and died earlier. There was reason to believe that the same was true of humans.²⁰⁶

By focusing on the potential consequences of 'over-nutrition', and critiquing the belief that a higher weight indicated greater health, the author is deconstructing previous understandings of weight and nutrition. The deconstruction of these understandings

²⁰⁴ Charles Webster, 'Health, Welfare and Unemployment during the Depression', *Past & Present*, no. 109, (November 1985), p. 224.

²⁰⁵ 'The Nation's Diet: Government Claims Challenged' (anon), *The Times*, May 23rd, issue. 50768, 1947, p. 8.

²⁰⁶ From Our Correspondent, 'Danger of Being Too Well Fed: Need to Educate Public in Diet', *The Times*, 14th July, issue. 52983, 1954, p. 5. Other examples of attempts to redraw established conventions regarding childhood nutrition are: Charis Frankenburg, 'The dangers of sophisticated feeding', *The Guardian*, February 4th, 1960, p. 8.

was partly achieved by the use of linguistic parallels; for instance in the 1950s it was common for both medical and lay articles to use the term ‘over-nutrition’, rather than ‘obesity’, because it led to comparisons with the more familiar state of malnutrition.²⁰⁷ Such linguistic turns can be viewed as part of a wider process which sought to build cultural associations between the nutritional problems of overweight and underweight, thereby helping to reconstruct obesity as a medical problem of similar gravity to underweight.

Evolving socio-economic circumstances, most notably the existence of affluence, encouraged the medical profession to reconsider the way that obesity was framed as a disease, but these circumstances also resulted in changes to advice regarding appropriate levels of calorie intake. At the beginning of the 20th century, Rowntree calculated a poverty line for those living in the city of York, which was based on the cost of achieving a minimum intake of calories. Rowntree’s calculations were based on the USDA’s guidelines devised by Wilbur Atwater at the end of the 19th century:

	Men	Women	Children (8-16)	Children (3-8)
Calorie Intake (kcal)	3560	2987	2738	1824

Table 2.1: Rowntree’s Recommended Daily Calorie Intake for Men, Women and Children Aged 8 to 16 Years & 3 to 8 Years (1902).²⁰⁸

Fifty years later, during the Second World War, the *BMJ* revised these guidelines and published its own recommendations for daily calorie intake. It offered a slightly lower allowance compared to those suggested by Rowntree:

	Men (Light/Heavy Work)	Women (Medium Work)	Children (aged 7-10)
Calorie Intake (kcal)	2750/3500	2500	2000

Table 2.2: Recommended Daily Calorie Intake for Men, Women and Children Aged 7-10 Years (1950).²⁰⁹

²⁰⁷ For examples see, ‘Nutritionists Seeks to Cut Food Gap: Hunger Contrasted With Overeating’ (anon), *The Times*, August 10th, issue. 55776, 1963, p. 4 and Douglas Hubble, ‘Child Care in General Practice: The Underweight and Overweight Child’, *British Medical Journal*, May 15th, 1965, pp. 1293-1295.

²⁰⁸ B. Seebhom Rowntree, *Poverty: A Study of Town Life*, p.102. NB: Rowntree’s calculations were for men who were performing “moderate” work and women’s requirements were estimated to be eight tenths of men’s daily requirements. Also, for further discussion of the relationship between these calculations and the development of affluence in the post-war period, refer to the introduction of this thesis.

One difference between Rowntree's and the BMA's guidelines is that the BMA specifies the type of work being conducted by individuals. Seemingly, it was the type of work being undertaken that impinged most on people's calorie requirements. However, these distinctions between types of work were not precise enough for the BMA's nutritional committee who stated that: "It dislikes that classification into 'light', 'heavy' and other 'rough and ready' designations of physical activity, but it can find no alternative".²¹⁰ It was argued that because these categories did not differentiate between the effort required of workers between industries, or between occupations within industries, that these guidelines were an imprecise tool. Despite these potential problems, rationing required an approach that was simple to follow but more detailed than those that had been produced before, therefore these calculations were driven, at least in part, by the political imperative of administering food rations.

The introduction of differentiated allowances based on the effort required in one's employment predicts the wider downward trend for calorie allowances over the latter part of the 20th century. Indeed, in 1950, the BMA noted that: "one factor that is pointed out is that the rapid extension of labour saving devices tends, progressively, to reduce the average calorie expenditure of the workers affected."²¹¹ The table below suggests that the BMA's predictions were correct. In 1995 calorie allowances were lower than those devised in 1950, and appreciably lower than those devised at the end of the 19th century.

	Adults		Children			
	Men (19-55)	Women (19-50)	Boys* (11-18)	Boys* (4-10)	Girls* (11-18)	Girls* (4-10)
Calorie Intake (kcal)	2550	1940	2487.5	1860.71	1973.75	1656.43

Table 2.3: Recommended Daily Calorie Intake for Men, Women, and Children Aged 11-18 and 4-10 Years (1995).²¹² *Averages of the 1995 *Manual of Nutrition* daily calorie recommendation.

The downward trend in calorie requirements of over the period highlights that the population's energy needs were changing. It is notable, however, that the

²⁰⁹ 'Adequacy of the National Diet: BMA's Nutrition Committee Report', *British Medical Journal*, March, 1950, p. 542.

²¹⁰ Ibid., p. 541.

²¹¹ 'Adequacy of the National Diet: BMA's Nutrition Committee Report' (anon), p. 541.

²¹² *Manual of Nutrition*, 10th ed. (London: Ministry of Agriculture, Fisheries, and Food, Her Majesty's Stationary Office, 1995), p. 68.

recommended intake for children remained stable throughout this period, which emphasises that changing patterns of employment - rather than new scientific understandings - were at the heart of these new recommendations. This argument is supported by scholars of post-war employment patterns who suggest that de-industrialisation led to a decline in manual labour in favour of sedentary office based employment.²¹³

A further indication that changing activity levels were at the root of the decreasing energy requirements come from national household surveys taken between 1950 and 1995. As the figure below shows, the amount of energy consumed per household declined substantially from 1970. By 1990 energy intake levels were lower than in 1950, showing that the amount of food that people consumed was decreasing, albeit in a society where rates of obesity were increasing. Certainly, the suggestion that obesity was caused by changing patterns of leisure and employment is supported by the information outlined below. Food consumption levels were decreasing, alongside recommended daily calorie allowances. However, the decline in energy consumption was not matched by decreasing levels of daily activity, leading to the development of excess weight.

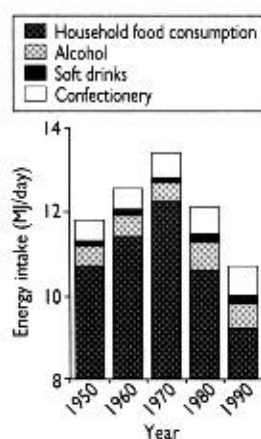


Fig. 1.

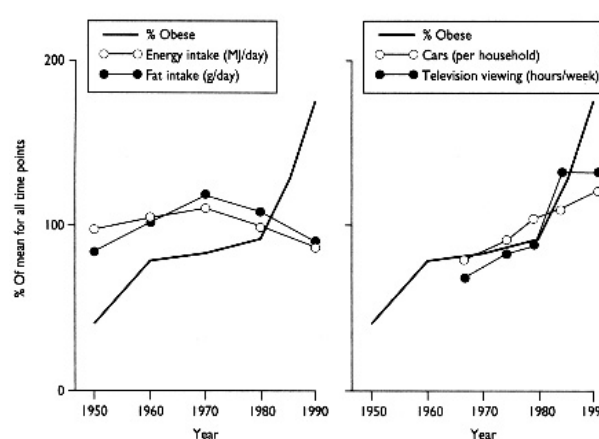


Fig. 2.

Andrew M. Prentice and Susan A Jebb, 'Obesity in Britain: Gluttony or Sloth?', *British Medical Journal*, vol. 311, August 12th 1995, p.438 & 439.

Although there is relatively clear information on the amount that people were consuming, and how this may have corresponded to the recommended allowances,

²¹³ Peter Nolan and Gary Slater, 'The Labour Market: History, Structure and Prospects', *Industrial Relations: Theory and Practice*, ed. Paul Edwards, 2nd ed. (Blackwell Publishing, 2003), pp. 61-65.

pinning down exact rates of overweight or obesity between 1950 and 1995 remains a problematic task.²¹⁴ It was not until the early 1980s that the medical community began to adopt the Body Mass Index (BMI) as a standardised way of categorising people's body weights as 'healthy', 'overweight' and 'obese'. Previously, height/weight charts were employed, but these are less useful for measuring long term changes in the populations' levels of body fat. Part of the difficulty arises from the use of the 'desirable' weight range developed from the MLIC statistics. Although these markers were widely used at the time, ideal body weights reflect a very different body shape to the 'healthy' body weights currently used in BMI. The narrower weight range within the 'desirable' bracket means that comparisons with contemporary weight statistics are difficult because they represent different understandings of normal and 'healthy' weights.²¹⁵

In the latter part of the 1980s, the medical profession adopted BMI, or the Quetelet Index, as the standardised body weight metric, replacing height and weight charts. Since 1900, height and weight charts had been used in the US, and during the 1940s these tables became more specific as 'frame size' was also incorporated into the ideal weight ranges. The benefit of these tables was that they allowed individuals to evaluate their own weight and monitor their health in terms of the associated risks. Therefore, these charts were conceived of as a health education tool for individuals, as well as a useful way of categorising certain body weights within the medical profession.²¹⁶ Despite these uses, height and weight charts also had their detractors; during the 1980s, one of the most outspoken critics of 'ideal weight' charts was Thomas Knapp. Knapp argued that the tables focused on the 'ideal' weights that individuals should be, rather than the risk associated with having an outlying body weight, where

²¹⁴ The rates offered in the examples above are taken from a collection of 'historical' surveys conducted over the period, often using different measurements and categorisations of obesity, rather than nationally collated, or representative, statistics.

²¹⁵ For instance, in 1959 a weight range of 124 to 139lbs in women 5ft 6 was considered 'desirable', currently the range suggests that a body weight 115-150lbs is 'healthy'. Likewise a 6ft man who weighed 151-168lbs was considered desirable, but current recommendations suggest that a weight between 140 and 180lbs is healthy. For the 1959 Metropolitan Life Assurance Company table see: Manson *et al.* 'Body Weight and Longevity: a reassessment', *The Journal of the American Medical Association*, vol. 257, no. 3 (January 16th 1987), p. 354. For contemporary recommendations see <http://www.nhs.uk/Livewell/healthy-living/Pages/height-weight-chart.aspx> accessed 5th June 2014. For further discussion of this phenomena refer to chapter 4 of this thesis.

²¹⁶ Annemarie Jutel, 'Does size really matter? Weight and Values in Public Health', *Perspectives in Biology and Medicine*, vol. 44, no. 2 (Spring 2001), p. 268.

there was the clearest evidence of attendant poor health.²¹⁷ BMI was viewed as an improvement because it categorised people as 'underweight', 'healthy', 'overweight', or 'obese' - categories that were linked to particular health risks associated with those weights.

There are two other principal criticisms commonly levelled towards both height and weight charts and BMI; the first relates to the failure of such measures to discriminate between adipose (fat) tissue and lean mass (or muscle). Failing to draw these distinctions can result in individuals who have a high percentage of lean muscle mass, such as athletes, being classified as obese.²¹⁸ Naturally, this is problematic because it results in a contradictory situation whereby those who are culturally celebrated as beacons of good health practices are, if viewed strictly in terms of BMI, 'obese'. The potential historical consequences of this are notable, particularly if one considers that during the 1950s and 1960s, British working patterns were shifting away from manual labour (which necessitated the development of considerable muscle mass) to office based work (where the individual required a less developed musculature). Therefore, it could follow that a small increase in the BMI of the population over the period 1950-1995 could mask a greater shift in the percentage body fat-muscle ratio of the population.

The second flaw, cited by critics of BMI, centres on the threshold at which individuals are classified as 'healthy', 'overweight' or 'obese'; these distinctions, it has been argued, are not based in sound scientific research but represent somewhat arbitrary categorisations.²¹⁹ For instance, in 1998 the American National Institute for Health redefined the threshold where an individual became overweight from 27.8 to 25 and, as a result, almost 30 million Americans were reclassified as overweight.²²⁰ Despite these problems, BMI has been roundly adopted by international public health agencies (such as the WHO in 1980) to categorise the average body weights of member populations. The benefits of indices, like BMI, are that they allow health professionals to

²¹⁷ Thomas Knapp, 'A Methodological Critique of the 'Ideal Weight' Concept', *The Journal of the American Medical Association*, vol. 205, no. 4 (July 22nd 1983), pp. 506-510.

²¹⁸ A. Romero-Corral, 'Accuracy of Body Mass Index to Diagnose Obesity in the US Adult Population', *International Journal of Obesity*, vol. 38 (2008), p. 964.

²¹⁹ For criticisms of BMI see Kenneth Ferraro and Kimberlee Holland, 'Physician Evaluation of Obesity in Health Surveys: 'Who Are You Calling Fat'', *Social Science and Medicine*, vol. 55 (2002), pp. 1401-1413; or John Cawley and Richard Burkhauser, 'Beyond BMI: The value of more accurate measures of fatness and obesity in social science research', *Bulletin on Aging and Health*, National Bureau of Economic Research, Working Paper No. 12291, (June 2006).

²²⁰ Sana Loue and Martha Sajatovic, 'Encyclopaedia of Ageing and Public Health', *Springer*, (1998), p. 168.

quickly place people into the neatly defined categories of 'underweight', 'healthy', 'overweight', or 'obese'.²²¹ Furthermore, it provides a clearly defined scale that governments and international organisations can use to compare the health trends of communities, regions, nations, even continents.

The final difficulty that arises when one tries to uncover when, how, and whose body weights were changing over the period is that until the early 1980s, there were no state sponsored, nationally collated, statistics on the weight of the population. Any statistics on overweight in the population were derived from small scale studies conducted in specific geographical regions, like Montegriffo's study of factory workers in Birmingham.²²² Despite these methodological problems, the picture that one can develop from these small-scale studies is one of growing overweight and obesity in the general population. For instance, a comparison of two small scale studies conducted on schoolchildren showed that the rate of overweight increased from 2.3% in 1952,²²³ to 14.75% in 1989.²²⁴ Or, to take another example, an article in the *BMJ* from 1995, which collated statistics from numerous historical studies to offer an overview of changes in the weight of the population, also indicated a marked increase in overweight.²²⁵ The lack of any national statistics was considered problematic by the DHSS who, in 1978, called obesity the most important health issue of the period, and the first symposium of the British Obesity Association called for national statistics to discover the rate of obesity in the population 1968.²²⁶ In response to the concerns of the DHSS, in 1980, the Office for Population Censuses and Surveys began to incorporate weight measurements into its national survey programmes, and these surveys show that from 1980 to 1990 rates of obesity increased from 6% to 12% in men and from 8% to 16% in women.²²⁷

²²¹ A BMI of less than 18.5 = underweight, 18.5-24.9 = healthy, 25-29.9 = overweight, and more than 30 is obese, according to the NHS, <http://www.nhs.uk/Livewell/loseweight/Pages/BodyMassIndex.aspx> accessed 12th October 2011.

²²² V. M. E Montegriffo, 'Height and Weight of a United Kingdom Adult Population With a Review of Anthropometric Data', *Annals of Human Genetics*, vol. 31, issue. 4 (May 1968), p.396.

²²³ Stark *et al.*, 'Longitudinal Study of Obesity in the National Health Survey of Health and Development', *British Medical Journal*, vol. 283 (4th July 1981), p.13.

²²⁴ Bundred *et al.*, 'Prevalence of Overweight and Obese Children between 1989 and 1998: population based series of cross sectional studies', *British Medical Journal* (10th February 2001), pp. 322-326.

²²⁵ See fig. 2.

²²⁶ I. McLean Baird and Alan Howard, *Obesity, Medical and Scientific Aspects: Proceeding of the first symposium of The Obesity Association of Great Britain held in London, October 1968* (Edinburgh: E. and S. Livingstone, 1969), pp. 15-16.

²²⁷ Andrew M. Prentice and Susan A. Jebb, 'Obesity in Britain: Gluttony or Sloth?', *British Medical Journal*, vol. 311 (August 12th 1995), p. 437.

Dieting with Doctor: The fight for legitimacy in the commercial world of slimming

Commercial enterprises that sell information (through books, articles and products) have been a defining feature of dieting since the Victorian period. However, the commercialisation of dietary information has long been viewed with suspicion by the medical profession, and in the period just before the beginning of this thesis, there were discernible moves to emphasise the role of one's doctor within the dieting process. During the 1940s this was expressed through the greater regulation of pills, tonics, and machines that claimed weight loss properties. The 1948 Patent Medicines Act restricted the claims that companies could make about their products, and stated that such claims needed to meet criteria, such as being approved by researchers who tested the products under laboratory conditions. Furthermore, advertisers had to gain permission from those laboratories whom they cited as 'approving' of a particular product.²²⁸ Such restrictions facilitated an extended role for the medical sciences over matters regarding weight management, because it allowed institutions within the medical profession to define the efficacy of products. Although, it is notable that while tonics, pills and dietary regimes were included as part of this Act, exercise regimes, or exercise products sold as slimming aids, were specifically excluded from this Act's remit.

Other instances that illustrate the efforts of the medical profession to define the bounds of appropriate weight management advice can be found in its response to a BBC programme on weight loss aired in March 1951. The television programme followed several dieters in their quest to lose weight. This may feel uncontroversial by contemporary standards, but in 1951 it caused national debate. Part of the controversy was that, to accompany the programme, the BBC offered to send viewers a diet sheet so that they might follow the same diet. The show proved so popular that the BBC received 44,000 applications for diet sheets by viewers. However, the *BMJ* and K Fitzpatrick - the Secretary of the BDA - were outraged by this development. Writing to the *BMJ*, Fitzpatrick stated:

²²⁸ 'Patent Medicine Advertisements', *The Times*, April 22nd, issue. 51052, 1948, p. 2.

It has always been a principle of our profession that no dietary advice should be given without specific instructions from the patient's doctor. No printed diet sheet should ever be handed out ... without an interview during which the dietician satisfies herself that the patient has understood the principles of the regime, that it is within his means, and that it is suited to the social conditions under which he lives. She will also arrange for the patient to be kept under super-vision so that she can assure herself that the diet is proving suitable, that it has been understood, and is being applied.

None of these conditions is entirely fulfilled by the present large-scale distribution of diet sheets. We feel that this situation is undesirable and even potentially dangerous.²²⁹

Similarly, the *BMJ* suggested that this 'curious experiment' was putting the health of its 44,000 'starvationist' adherents (who were apparently female) in danger.²³⁰ Both authors made it clear that their objections centred on a belief that it was inappropriate for non-medical institutions to offer nutritional advice because they were going "over the heads of practicing doctors". Furthermore, it was argued, this was especially risky to the dieter because dieting was a treatment that resulted in a "correcting a disorder of the body's metabolism", a process that should be monitored by a doctor.²³¹ The disquiet that the BDA and the BMA seemed to feel about who should offer dietary advice was not limited to the BBC, as they also criticised the cultural phenomena of magazines and newspapers offering slimming advice. Overall, it does not seem to be the advice itself that caused disquiet, as this was not actually criticised, but the source from which people were getting their information. Therefore, the concerns of the medical profession seem to centre on its ability to retain (or exert) authority over the processes of weight management, and, in particular, in ensuring that it retained control over the dissemination of nutritional information. It was also suggested that, because dieting

²²⁹ K. Fitzpatrick, 'Correspondence: Slimming By Television', *British Medical Journal* (March 24th 1951), p. 641.

²³⁰ It is also notable that although men were assumed to follow the advice offered by the dietician it was women who were likely to seek advice from diet sheets from the television programme. The gender dynamics of who seeks advice, and how, is further addressed in chapter 6. 'Slimming by Television', *British Medical Journal* (24th March, 1951), p. 627.

²³¹ *Ibid.*, p. 627.

was a 'metabolic' process, embarking on a diet required the guidance of the family doctor or a dietician, who were legitimate gatekeepers of this specialist knowledge.

Although there was considerable concern about the impact of patients obtaining weight loss advice from commercial, or non-medical, sources, those parts of the medical profession that specialised in obesity tended to be critical of the attitude of the wider profession toward obesity and its treatment. For those with a particular interest in the area, the broader lack of medical interest in the topic had long been a source of contention, as illustrated by this 1937 *BMJ* article:

Medical interest in the problem of obesity lagged behind that of the public, and consequently when patients clamoured for knowledge as to how they should reduce their rotundity the practitioner was only too often at a loss to know what advice to give. The opportunity was not overlooked by various purveyors of crank diets, with the result that most extraordinary and diverse slimming schemes were adopted, with good, bad, or indifferent results.²³²

Therefore, the proliferation of advice not vetted by the medical profession was also seen by some members of the medical community as a consequence of its own neglect of the topic, which pushed people to seek advice from other sources. Furthermore, because obesity was viewed as an aesthetic problem, rather than a medical one, doctors were unwilling to spend time on patients who wished to lose weight.

Criticisms of the medical profession's response to obesity came, not only from within the medical profession, but also from non-medical institutions. Responding to the BMA's criticisms of offering dieting sheets, the BBC offered its own interpretation. Mary Adams, the head of Televisions Talks - the wing of the BBC that produced the program - defended it in a memo which outlined a conversation with the BBC's 'Radio Doctor' Dr Charles Hill. She suggested that, as long as the BBC advised viewers to consult their doctor, then it was acceptable to offer diet sheets to interested parties. She also suggested that the BMA had other reasons for raising objections to freely available slimming advice:

²³² 'The Treatment of Obesity', *British Medical Journal*, vol. 2, no. 3945 (August 15th 1936), p. 344.

He [Dr. Charles Hill] gave it his private opinion that the BMA were primarily concerned with whether they could get a fee for this advice i.e. whether slimming advice comes outside the provision of the National Health Service. The BMA would argue that “slimming’ i.e. “cosmetic” advice does not come within the National Health Service and therefore doctors ought to be able to charge a private consultant’s fee for such advice.²³³

This indicates that, alongside the concerns about who should disseminate nutritional advice, there were other problems that arose from the structure of the NHS and obesity’s status as an aesthetic, rather than medical, concern. Mary Adams also suggested that the BMA was “behind the times in thinking that they could resist the force of television or other forms of popular health education”.²³⁴ Criticisms such as this reinforce the idea that, while the medical profession was keen to retain control over the flow of information regarding dietary management, this was perhaps not always supported by wider social attitudes. As a result, by the early 1950s medical advice on diet was being challenged by other forms of mass communication. Attempts by medical institutions to wrest the dissemination of dietary advice from the mass media can also be seen as a process that placed the doctor at the centre of the dieting experience. If one’s doctor is the primary source for advice on weight management, then responsibility for dietary management is filtered through the medical profession – thereby limiting the emphasis on techniques of self-governance motivated by individual responsibility.

Fat Turns Deadly: Obesity, epidemiology, CHD and weight management practices

As noted in the previous chapter, one of the most important scientific developments in the history of obesity since the Second World War was the publication of several demographic studies that had a striking impact on the way that medical profession, as

²³³ Mary Adams, ‘Notes on telephone conversation with Dr. Hill’, 13th March 1951, <http://www.bbc.co.uk/archive/nhs/103.shtml> accessed 14th August 2014.

²³⁴ Ibid.

well as the state, treated overweight members of the public.²³⁵ Although there had been concerns that obesity affects one's heart health in the period before this, and awareness that it shortened life expectancy, the MLIC and Framingham heart studies were the first time that more conclusive proof had been offered. Naturally, this had a significant impact on the way that the medical profession viewed overweight in their patients, as it led to excess weight being viewed as a direct threat to health.²³⁶ Indeed, one observer in the late 1960s likened the attention that these articles shone on heart disease and obesity to a mass cultural 'hysteria'.²³⁷

As a result, from 1959 onwards, one can trace the development of a more concentrated interest in the socio-medical, rather than personal, implications of obesity. Civic constructions of the overweight body, in particular, began to shift, because it added a new cultural dimension to the high rates of mortality for certain diseases. Obesity could now be discussed - and was - in terms of its cost to the NHS in treating heart disease and also the economic cost of young, working-age men dying, as well as the personal burden of the loss of life.²³⁸ Seemingly, the ability to relate obesity to more discrete, tangible problems like heart disease focused a more disparate interest in maintaining certain body shapes, for reasons of personal aesthetics, into a national health concern. Therefore, obesity could now be viewed as a matter of wider public interest, as well as a disease of significant medical importance, and pressure could be, and was, placed on the medical profession to find a 'cure' for obesity.

Improved understanding of the physiological implications of overweight also helped the medical professional to consolidate control over the dissemination of weight loss advice from commercial sources, because it could be directly linked to distinctive medical problems. Before 1959, the consequence of a poor diet was discussed almost exclusively in terms of excess weight and the ensuing social embarrassment. Diabetes was the only health condition definitively associated with excess weight, and this only occurred in more extreme cases. Therefore, while obesity was considered unhealthy, medical texts from the period often focused on the social stigma, as in the instance of a

²³⁵ For further discussion of these studies see chapter one, or Artemis Simopoulos, 'The Health Implications of Overweight and Obesity', *Nutrition Reviews*, vol. 43, issue. 2 (1985), p. 33.

²³⁶ For example see: M.E. O'Neill, 'Compatible with life', *The Guardian*, December 12th 1967, p. 6; or, 'Obesity greatest health hazard', *The Times*, Thursday 8th February, issue. 55310, 1962, p. 16; or 'Scared?', *The Scottish Sunday Express*, September 25th, 1955, p. 6.

²³⁷ Werner Cahnmen, 'The Stigma of Obesity', *Sociological Quarterly*, vol. 9, issue. 3 (1968), p. 285.

²³⁸ 'S.O.S to Every British Housewife' (anon), *The Times*, May 3rd, issue. 56931, 1967, p. 9.

textbook on obesity from 1949 which noted that “marked obesity is a repulsive disease” that led to social rejection.²³⁹ Those that did refer to the impact on health remained vague about the exact nature of these consequences, aside from noting that it decreased life expectancy.²⁴⁰ However, after the publication of the MLIC’s *Build and Blood Pressure Study*, there is a marked difference in the attitude towards body fat, and its association with heart disease - the greatest cause of mortality in the country - was often used as an imperative for weight management.

The association between obesity, heart disease, and socio-economic concerns about the impact of weight on public health, led to body fat becoming a focal point for promoting heart health. Indeed, such was the level of concern that more extreme forms of weight management were recommended by some elements of the medical profession. For instance, during the 1960s it became increasingly common for obese patients to be admitted into hospital for prolonged periods of starvation, where the patient was deprived of “all food and allow[ed] water only”, sometimes for several weeks.²⁴¹ Although this was recognised to be a risky treatment, it was felt to be acceptable because it offered “clearly the quickest way to ensure loss of weight” for those with ‘obstinate’ obesity.²⁴² The success of hospital treatments for obesity was measured in amount of weight lost, indicating that the removal of body fat was perceived to be the primary treatment goal. Some practitioners did question the effectiveness of hospital starvation, pointing out that it was expensive to treat such people in hospital,²⁴³ or that patients might be unwilling to undergo such a strenuous process,²⁴⁴ yet these concerns often centred on the efficacy of the treatment, rather than questioning the starvation process itself. Treating obesity through starvation in hospital illustrates a specific understanding of the purpose of weight management, which constructs obesity as a problem of body weight due to excess energy intake, rather than a problem derived from attendant social, cultural, economic, or psychological causes.

²³⁹ Edward Ryneason and Clifford Gastineau, *Obesity...* (Oxford: Blackwell, 1949), p. 10.

²⁴⁰ See A H Douthwaite, ‘A Refresher Course for General Practitioners’, *British Medical Journal*, (10th February 1951), p. 292, or ‘Too Solid Flesh’ (anon), *British Medical Journal*, (December 27th 1959), p. 1581.

²⁴¹ Douthwaite, ‘A Refresher Course for General Practitioners’, p.292.

²⁴² Ibid.

²⁴³ A. C. MacCuish, J F Munro, L Duncan, ‘Follow-Up Study of Refractory Obesity Treated by Fasting’, *British Medical Journal*, (13th January 1968), pp. 91-92.

²⁴⁴ Douthwaite, ‘A Refresher Course for General Practitioners’, p. 293.

Within this medical framework of obesity, an excess of energy intake leads to weight gain, and so the consumption of less than one's daily requirement, results in weight loss. Achieving the body shape associated with health was of primary import, and the method through which this was achieved was of less importance, so long as weight loss occurred.²⁴⁵ Contemporary explanations for the existence of obesity can appear to follow similar lines; the NHS advises that a healthy diet is achieved through eating the correct balance of fats, carbohydrates, proteins, salt and sugar and counteracting excess input with sufficient levels of exercise.²⁴⁶ In both explanations for obesity, it is the result of an imbalance in food consumption compared to energy expenditure that causes obesity. However, in contemporary weight management advice, the importance of learning new, healthier eating habits, based on developing self-governance forms an important part of the experience; decreased energy intake in contemporary literature only forms part of a broader shift in lifestyle management. Arguably, the formation of such habits are more difficult when the patient is removed from their daily life and kept within a clinical setting, underlining that it was the weight itself, rather than the attendant habits, that doctors were seeking to address with such treatments.

After the publication of the *Build and Blood Pressure Study*, the emphasis given to removing fat from the body intensified. A study conducted in Glasgow on the consequences of starvation treatments illustrates the approach to obesity that developed in some parts of the medical profession. Even after the death of a patient the authors justified their conclusion that starvation was a "safe and effective procedure"²⁴⁷ by stating that:

The acceptable morbidity of any therapy must be related to the severity of the disease for which it is prescribed, the morbidity of uncontrollable obesity is such that any effective therapy would have a considerable acceptable toxicity.²⁴⁸

²⁴⁵ See 'Special Report: Symposium on Obesity' (anon), *British Medical Journal* (27th April 1963), p. 1149.

²⁴⁶ See <http://www.nhs.uk/Livewell/Goodfood/Pages/food-labelling.aspx> (accessed 19th September 2011).

²⁴⁷ J Runcie & T. J. Thompson, 'Prolonged Starvation: A Dangerous Procedure?', *British Medical Journal* (22nd August 1970), p. 435.

²⁴⁸ *Ibid.*, p. 434.

Obesity is presented here as a sufficiently dangerous state, in light of greater understandings of the link between obesity and chronic diseases, that the risk of fatalities during weight loss treatment were considered acceptable. Medical discourses were, in this instance, privileging the removal of body fat in patients over the broader costs that might ensue from the treatment. Fat exhibited on the body of patients was viewed as a clear and present health risk, and its removal was evidently a central aim of those with an interest in obesity. This lent itself to a view of treatment that centred on the fat itself, rather than the more holistic approach to health that underpins contemporary weight management.

Aside from apparent acceptability of toxicity in weight management treatments, the disassociation that occurred between weight management and broader health goals was also visible in the way that exercise, as part of weight management, was discussed, until the latter part of the 1970s. A 'refresher course' for GPs devised by the BMA in 1951 had a negative attitude towards exercise in a weight loss regime: "there is no more disappointing scheme for the reduction of fat than that which depends on vigorous exercise."²⁴⁹ Such perspectives were based on the theory that the overweight were not capable of engaging in exercise at a sufficiently vigorous level to impact on body weight, and that it could also have the undesirable consequence of increasing one's appetite. Or, as one earlier objection noted in 1935, that 30 minutes of vigorous exercise only equated to the calories of the "two dry martini cocktails" that would accompany one's lunch.²⁵⁰ This is echoed by a slimming guide produced by *Which?* in 1974; it offered a qualified endorsement of exercise alongside a diet, but argued it would be only mildly beneficial in terms of the balance of energy required for weight loss.²⁵¹ Although the *Which? Slimming Guide* was more ambivalent about the role that exercise can play in weight management, it was not seen as integral to weight loss. Rather, it was presented as a possible supplement to the primary endeavour of reducing food intake. Exercise and its potential benefits were largely framed within the context of calories expended, rather than incorporating a broader perspective that might have included improved heart health; a benefit that would be useful given the link between obesity and heart disease.

²⁴⁹ Douthwaite, 'A Refresher Course for General Practitioners', p. 293.

²⁵⁰ E. C. Dodds, 'Reduction of Obesity: Diet and Exercise', *The Times*, October 3rd, issue: 46566, 1933, p. 9.

²⁵¹ *Which? Slimming Guide* (anon), (The Consumers Association, Shenval Press, 1974), p. 55-56.

Despite the ambivalent attitude towards exercise at this time, declining activity levels were often cited by commentators, both medical and lay, as an important reason for increasing obesity rates. The fading prominence of manual labour, the development of affordable mass-produced cars, or - in the case of childhood obesity - television, were often lamented as reasons for the British population's sedentary lives (although it was also common for these explanations to be opaquely referred to as a consequence of 'modern' or 'Western' lifestyles).²⁵² Given that this was consistently cited and seemingly widely accepted as a reason for increased body weight in the population, it is odd that increasing levels of activity were not presented as an important part of the solution. One explanation for this might be the strength of the medical discourses, which positioned obesity within the framework of metabolic input of energy. The inclusion of exercise as a central pillar of the weight management advice indicates a wider shift in thinking about obesity that occurred in the 1970s and 1980s, which emphasised individual responsibility for weight management. Also, from the late 1970s onwards, the discussion surrounding obesity treatments began to engage with the more elusive goal of health and wellbeing – a facet returned to later in this chapter.

Housewives, Pep-pills, and Moral Degeneracy: Attitudes towards medicating obesity

From the 1940s onwards, the prescription of amphetamines was common practice, but during the late 1960s this became controversial as the problem of addiction became more evident. This also crossed over with a wider social outcry regarding illegal narcotic use in the population. Illegal drug use was most commonly viewed as a social problem that affected youths, particularly those from 'lower' socio-economic backgrounds; often, social commentators also linked it to the problem of juvenile delinquency and problematic youth subcultures.²⁵³ Juvenile delinquency was perceived as a pressing social problem in the development of a moral panic about 'mods' and 'rockers' in the

²⁵² 'The Times Dairy: Why Working Class Women Get Fat' (anon), *The Times*, 16th July, issue. 59449, 1965, p. 14

²⁵³ 'A Growing Evil Among London Teenagers' (anon), Part of a Series on 'The Spread of Illegal Drug Taking', *The Times*, 20th Dec, issue. 56509, 1965, p. 6, or 'Easy path from hard to soft drugs' (anon), *The Guardian*, 5th February, 1972, p. 5.

mid 1960's, and it was within this broader cultural context that the amphetamine scandal developed. The use of, and addiction to, amphetamines by middle class housewives concerned about their figure was felt to be particularly reprehensible. In some instances, the use of amphetamines in weight loss drugs was felt to be a legitimised form of drug abuse amongst the middle classes. Dr R. C. Greenberg, who spoke at the BMA's 1967 annual representative meeting, stated that he was shocked at the way that weight loss prescriptions could be used by "respectable housewives to find some backdoor way for them to get drugs".²⁵⁴

Other commentators were more sympathetic to the women taking these pills, and suggested that they were victims of a system in which doctors were overly willingly to prescribe drugs as an easy solution, and that dosages were not sufficiently controlled, thereby allowing addiction to occur.²⁵⁵ In such instances, the fault lay with doctors who needed re-educating so that they recognised the signs of addiction.²⁵⁶ Whatever the cause of addiction, be it bored housewives seeking greater excitement or unsuspecting young women being prescribed drugs that they did not understand, it was argued that the use of such drugs would lead to 'moral' degeneration. Over the 1970s a social consensus emerged, calling for a ban on the use of amphetamines as an appetite suppressant.²⁵⁷

Despite growing criticisms of amphetamine use, a definitive medical consensus developed slowly, with advocates passionately defending their use - arguing that in cases of 'refractory' (or stubborn) obesity the use of such drugs was essential.²⁵⁸ Once again, there is an underlying assumption that, despite the side-effects of amphetamines, the consequence of maintained obesity was more dangerous. Prolonged use of, or addiction to, amphetamines was presented as an acceptable trade for weight loss. Of course, part of the reluctance to ban the prescription of amphetamine based diet pills was the absence of alternate medications that could help with weight loss – and the continued lack of success that many patients had dieting by themselves. Media attention was once more drawn to the use of amphetamines in 1985

²⁵⁴ As reported in *The Times*, 'GPs Muddled, but Ministry Talks Likely' (anon), *The Times*, 11th July, issue. 56990, 1967, p. 8.

²⁵⁵ 'Addiction to Amphetamines' (anon), *British Medical Journal* (16th August 1963), pp. 399-400.

²⁵⁶ John Roper, 'Doctors Castigate 'Do-Gooders' Who Ban Amphetamines for Fear of their Misuse', *The Times*, April 21st, issue. 58152, 1971, p. 4.

²⁵⁷ 'Special Report: Symposium on Obesity' (anon), p. 1149.

²⁵⁸ For example, A. E. Stevens, 'Management of Refractory Obesity' (Correspondence), *British Medical Journal*, (July 29th 1961), p. 312.

during a high profile court case where the BBC had to defend its criticisms of Dr. Gee, a Harley Street obesity specialist. The BBC had focused an episode of *That's Life* (a popular magazine style TV Programme hosted by Esther Rantzen) on an exposé of Dr Gee's use of amphetamines as an appetite suppressant, after some of his patients died or suffered miscarriages. He won a landmark libel case against the BBC and was awarded £75,000 in damages,²⁵⁹ as well as a case against the General Medical Council (GMC) who had him charged for 'serious professional misconduct'.²⁶⁰ While Dr Gee's successes in the court cases could be seen an approbation of his methods, in the following years there were a spate of similar hearings held by the GMC where they censured members for prescribing amphetamines to "overweight women and girls" because of their "unsuitability", "harmful" side-effects, and the strong possibility of addiction.²⁶¹ Part of the growing distaste for amphetamines was the potential side effects of taking them on a long-term basis, but it also reflected changing understandings about the social, psychological, and environmental causes of obesity - coupled with continually frustrated attempts to find a pharmacological solution to the looming obesity 'epidemic'.

Whether it is a reluctance to prohibit the use of amphetamines as an appetite suppressant, the use of surgery, or hospital starvation treatments, the emphasis was on the medical profession providing an answer to the problem of weight control. The language of 'danger', 'risk', and 'toxicity' that developed in the medical literature emanated from the heightened concerns about the relationship between obesity and heart disease. Furthermore, this framework for discussing the overweight body was also consistent with pre-war cultural attitudes towards the obese body - which perhaps explains why it was so readily adopted within and out-with the medical community. Also, common to the treatments for obesity outlined above, was the expectation that patients would passively accept the treatments prescribed for them. Within this conceptualisation of weight management, personal responsibility for weight loss was tempered by the very active role that medical institutions sought to establish throughout the management process.

²⁵⁹ '£25.007 More for doctor in slimming libel case' (anon), *The Times*, May 3rd, issue: 62128, 1985, p. 2.

²⁶⁰ Clare Dyer, 'Dr Gee Cleared of Professional Misconduct' (Medicolegal), *British Medical Journal*, vol. 296, (16th April 1988), p. 1108.

²⁶¹ 'Doctor at Slimming Clinic Accused of Supplying Harmful Drugs to Women' (anon), *The Times*, 12th July, issue: 62188, 1985, p. 3.

Part II

Unhappy Eaters: Weight, feminism and psychoanalysis

It was noted earlier in this chapter that professional medical bodies were concerned about the role of newspapers and women's magazines in the dissemination of dieting advice. However, despite these objections in the 1980s and 1990s medical approaches towards obesity began to adopt aspects of dietary management that were first developed in women's magazines during the late 1970s. Or, more specifically, it began to incorporate a psychoanalytic perspective that was originally developed to support the feminist critique of the dieting industry. Previous sections have outlined how obesity treatment that centred on the removal of fat from the body dominated medical weight loss treatments. Although treatment through pills and surgery were touted as an option to deal with obesity, most people's experience of slimming advice from the medical profession would have consisted of being given a diet sheet by their GP. All of these approaches to weight loss placed patients in a passive role, where weight augmentation was in some way performed on the patient by the medical profession. Even in the instance of being prescribed a diet sheet by one's doctor - which does require a significant level of engagement from the patient – the broader understanding was that once the advice had been dispensed to the patient it would be followed, in the same way as any other course of medical treatment. Resistance, inability to follow to diet, cost, or underlying psychological problems that might prevent uptake and continued success, were not considered within these medical frameworks of treatment.²⁶²

Naturally, there were sections of the psychological profession that considered the role of emotional wellbeing in the development of overweight. In 1957 *The Importance of Overweight* by Bruch was published; this book focused on the fact that most people struggled to achieve and maintain weight loss, and suggested that this was

²⁶² This echoes the argument made in Chapter 1 regarding the discourses of personal responsibility that became increasingly prominent in governmental discourses of weight management in the 1980s. However, the key difference is that this approach is embedded within medical frameworks from the very beginning of the period, and it is during the 1980s that alternate approaches to weight management began to be explored in medicine.

the result of social and psychological conditions. Bruch was quick to suggest that doctors needed to reflect on their own roles within the process:

The views that I have developed here, particularly the emphasis on the manifold psychological problems, have not simplified matters for the physician. On the contrary, instead of being faced with the seemingly simple task of calculating an appropriate diet and prescribing needed exercise, he is now called upon to assess the patient's whole approach to life, his emotional stability, assets, and willingness. Recommendations may have to vary from leaving well enough alone, to prescribing a consistent reducing program, or to intensive psychotherapy.²⁶³

In *The Importance of Overweight* the ideal medical approach outlined by Bruch was one where doctors learnt to consider obesity in a more holistic context, so that they might be able to recognise the ways in which personal or social factors affect how patients responded to the advice on offer. Bruch is perhaps better known for her 1978 work *The Golden Cage: The Enigma of Anorexia Nervosa*, which is considered a seminal book on the treatment of the disease, but she actually spent a considerable portion of her career comparing obesity and anorexia; arguing that these diseases were expressed in different ways but had parallel roots. However, medical institutions tended to pay greater attention to her work on anorexia, with her arguments regarding obesity often side lined in favour of her work that focused on the "one disease that affects the young, rich and beautiful".²⁶⁴

Four years after Bruch first wrote on obesity and anorexia, another book, which argued along similar lines - proposing a psychoanalytical approach towards food and eating problems - was published by Virago. *Fat is a Feminist Issue*, by Orbach, and latterly *Fat is a Feminist Issue II*, argued that most women had an emotional relationship with food, and that dieting practices were representative of women's wider psychological state. Fatness might be a way for a woman to desexualise herself, or to

²⁶³ Hilde Bruch, *The Importance of Overweight*, (New York: W.W. Norton & Company, 1957), p. 316.

²⁶⁴ 'Medicine and Books: In brief', *British Medical Journal*, (22nd April 1978), p. 1046. Popular reviews of the books also focused on the discussion of anorexia within the book see: Mary Hudson, '250,000 women starving to death', *The Guardian*, March 23rd 1978, p. 13.

encourage men to take her more seriously in the workplace, or a reflection of her mother's relationship with food.²⁶⁵ Orbach's argument, which positions fat as an expression of mental distress, and advocates counselling and greater self-awareness as an important part of the treatment strategy for overweight individuals, parallels the arguments made by Bruch.

However, there are key differences between the approaches of the two authors. Orbach's focus was the gender inequalities that, she argued, caused women to respond by altering their body shapes to diminish themselves, both figuratively and physically. It was argued in *Fat is a Feminist Issue* that traditional forms of psychoanalysis were male orientated, focusing on the 'oedipal constellation' and 'oral fixation', rather than recognising that compulsive eating was an expression of "painful and conflicting experiences" that were rooted in social inequality.²⁶⁶ Aside from the structural explanations for overweight offered by Orbach, there were also differences in the way that the two authors pathologised weight. Bruch focused on obesity, using medical markers like weight as indicators of the problem, albeit within a framework that emphasised its psychological roots. Yet, for Orbach, it was women's relationship with eating that was the central problem, disordered eating might include those that were overweight, but it could also include those whose weight was medically defined as 'normal' or 'desirable'. Orbach's definition of compulsive eating was notably broad it included:

- Eating when you are not physically hungry.
- Feeling out of control around food, submerged by either dieting or gorging.
- Spending a good deal of time thinking and worrying about food and fatness.
- Scouring the latest diet for information.
- Feeling awful about yourself as someone who is out of control.
- Feeling awful about your body.²⁶⁷

Compulsive eating was described as a problem in and of itself, as well as a symptom of distress; this description altered the nature of the debate because, rather than

²⁶⁵ Orbach, *Fat is a Feminist Issue*, p. 38.

²⁶⁶ Orbach, *Fat is a Feminist Issue*, p. 14.

²⁶⁷ Ibid. p. 9.

pathologising body weight, it pathologised the way that women felt about eating and their relationship with food. The emotional experience of eating was placed at the fore, and constructed as more problematic than the existence of excess weight body itself. By offering a broad definition of compulsive eating, and emphasising that people with 'normal' weights could still experience compulsive eating, Orbach was pushing the boundaries of what was considered problematic. Extending these boundaries meant that a greater number of people (or more specifically, women) were categorised as having eating problems. *Fat is a Feminist Issue* sought to broaden the pathology of eating problems because it helped to politicise the ways that women felt about their eating habits, diets, and body image. Therefore, Orbach's descriptions were intended to be relatable to an 'everywoman' experience, thereby transplanting the problem from a clinical setting to a social context.

There is an ambivalent relationship between Bruch's writing and the social contextualisation of eating disorders that developed in later feminist works. Bruch does note that:

I am inclined to relate it [eating disorders] to the enormous emphasis that fashion places on slimness... magazines and movies carry the same message, but most persistent is television, drumming it in, day in day out, that one can be loved and respected only when slender.²⁶⁸

Although Bruch hinted at the social pressures that could contribute to the development of anorexia, this was not explored any further, with greater emphasis given to the personal origins of the illness. Likewise, in *The Golden Cage* Bruch suggested that the greater freedoms achieved by women in the post-war period were contributing to the increased instances of anorexia. In particular, she argued that greater 'sexual freedoms', as well as the "vast number of potential opportunities", were important contributory pressures.²⁶⁹ The arguments made by Bruch in *The Importance of Overweight*, *The Golden Cage*, and *Eating Disorders: Obesity, Anorexia Nervosa and the Person Within*, were seen as relatively uncontroversial by the medical profession, but paradoxically it is argued in this chapter that the analysis offered in *Fat is a Feminist Issue*, despite its

²⁶⁸ Hilde Bruch, *The Golden Cage: The Enigma of Anorexia Nervosa* (London: Harvard University Press, 2001), p. xx.

²⁶⁹ *Ibid.*, p. xxi.

more prickly reception, became part of the established medical orthodoxy on weight management, eating problems, and body image.

Body Image and medical treatment of obesity

Body image and the role of fashionable body types as tools to motivate weight loss were uneasy bedfellows during the 1950s and 1960s. Before feminism began to engage with the complex web of issues around femininity, food, emotionality, and body image in the late 1970s, the negative or self-conscious ways that women felt about their own bodies was treated in a strikingly different way. Often, the 1960s are pinpointed as the period responsible for the cultural idealisation of the very slender female figure; and 'Twiggy' - the most iconic supermodel of the 1960s - was later cited by feminists, such as Orbach, Chernin and Wolf, as the epitome of an unrealistic ideal that became widely accepted. Wolf, discussing Twiggy, asserts that "her thinness, now commonplace, was shocking at that time".²⁷⁰ However, newspaper articles from this period tell a very different story about the cultural reception of this controversial model; rather than deploring her thinness, articles held her up as a role model in society's fight against obesity. A doctor writing for the *Times* in 1965 argued the following:

The modern image of slender, elegant womanhood had probably done much to improve the general health of the population ... Fashion was a hard task master and it was interesting to think that dress designers were playing a part in combating obesity.

Most women who went to a doctor because of obesity did so because they felt unsightly or ugly or had difficulty getting into clothes, or some other social difficulty.²⁷¹

The author viewed the role of fashion, and very slender models like Twiggy, positively because it made the overweight feel sufficiently ashamed about their bodies, encouraging them to seek help for weight loss. In essence, it was implied that negative

²⁷⁰ Wolf, *The Beauty Myth*, p. 184.

²⁷¹ 'Fashion's Role in Fighting Obesity' (anon), *The Times*, 9th January, issue. 56215 (1965), p. 8.

self-image (such as feeling ‘unsightly’ or ‘ugly’) could be a useful public health tool. Similar arguments were also discernible in articles from the BMJ that advised doctors to encourage their overweight patients to lose weight, by reminding them of the greater “attractiveness of slimmer people [and] less difficulty in finding clothes”.²⁷² Often these articles also focused on the impact that diminished attractiveness had on women, particularly young women who would be concerned about their relationships with members of the opposite sex. However, such problems were seen as a positive opportunity for encouraging altered eating habits; negative self-image, resulting from body weight, was not viewed as a problem. Indeed, if one were overweight then poor self-image was to be expected, and it was also considered appropriate for others, such as one’s doctor, to perpetuate these ideals as it might encourage a change in behaviour. The overall picture developed from such articles is that, during the 1950s and 1960s, it was viewed as natural that the overweight or obese would experience an intense dislike, even hatred, of their own body. Although a more positive self-image may have been portrayed as a potential benefit of weight loss, the encouragement of a negative self image was constructed as appropriate if it were in the pursuit of a socially and medically acceptable body weight.

It was within this discursive context that feminist concerns about the socially constructed nature of body weight and femininity began to circulate. Orbach, and later others, criticised the psychological impact of these ideals, which were also used by the medical profession to encourage weight management. An early exploration of these criticisms appeared in *Cosmopolitan* in 1977 where Orbach described her own feelings on body weight. Her experience had been that she had accepted the pervasive ideal that you could “only be a real woman if you fitted into a size eight dress” and that as a result of her own frustration at not being able to achieve the ideal she had “turned that anger against herself”.²⁷³ Orbach argued that this was common to many women’s experiences, and as a result there was a generation of women for whom food was a confusing “mixture of deprivation and addictions, of reward and punishment”.²⁷⁴ The

²⁷² Micheal Baddeley and John Bennett, ‘Today’s Treatment, Diseases of Alimentary System: Obesity’, *British Medical Journal*, (30th October 1976), p. 1053. Most discussions of the treatment of obesity in the 1950s and 1960s highlighted the social and aesthetic ‘undesirability’ of overweight – alongside the medical implications – see: H. M Sinclair, ‘Assessment and Results of Obesity’, *British Medical Journal* (December 26th 1953), p. 1405; or, Douthwaite, ‘Refresher Course for General Practitioners: Obesity’, p. 291.

²⁷³ Mary Kenny, ‘How I learned to stop worrying about being fat and got thin: the story of Susie Orbach’, *Cosmopolitan*, May 1977, p. 35.

²⁷⁴ *Ibid*, p. 35

relationship of individuals, particularly women, to food was deeply related to feelings of social inadequacy, and the way to treat these problems was for women to develop a deeper psychoanalytical awareness of their own eating habits, which required viewing it as part of a wider system of inequality and oppression.

Perhaps unsurprisingly, given the very different way that feminist analysis pathologised body weight, this interpretation of obesity had a somewhat frosty reception from some corners of the medical profession. Part of this emanated from the continued prominence of physiology in the aetiology of obesity, which were largely ignored within explanations that sought to locate obesity in a social and experiential framework. These tensions were played out in articles that advocated different treatments for obesity. For instance, they were alluded to in an article on the effect of bariatric surgery on episodes of compulsive eating. This study focused on seven patients who, before the surgery, had experienced uncontrollable eating episodes, but had experienced no episodes after. Brewer *et al.*, the authors of the study, suggested that this was proof that the depression, or other emotional disorders, that accompanied obesity were “consequential rather than causal”.²⁷⁵ The article concluded by saying that therapy and counselling - the treatment for obesity recommended by Orbach and Chernin - were unlikely to “succeed where physicians have failed”.²⁷⁶ A more direct criticism of Orbach was the response of the *BMJ* to a television program aired on BBC2 called “Fats and Figures”. The concerns expressed by the *BMJ* related to the potential health consequences of people remaining overweight:

As sociology it was all very interesting, but medically the programme was a disaster. No distinction was made between normal plumpness and medically important obesity. A lady (said to be good at her job in a bank) assured us: ‘nobody is happy even at half a stone overweight’. The programme implied that the disadvantages of fatness were cosmetic, social, sexual and psychological and that freedom from this tyranny could be won through Ms Orbach’s anti-diet philosophy. I am sure that her book does wonders for those beautiful television people agonising over zip fasteners in their unphysiologically tight trousers. But what does it do for

²⁷⁵ Colin Brewer, Howard White, Michael Baddeley, ‘Beneficial Effects of *Jejunioileostomy* on *Compulsive Eating* and Associated Psychiatric Symptoms’, *British Medical Journal*, (November 7th 1974), p. 314.

²⁷⁶ *Ibid.*

those who are short of breath, and have swollen legs, aching backs, and four stones of excess fat to lose? About 200,000 people in Britain (some of them men) have a right to know the answer to this question.²⁷⁷

There were tensions, it would seem, between those who sought to lessen the cultural stigmatisation of body weight through the celebration of a greater diversity of body shapes, and those who wanted to emphasise the physical consequences of sustained obesity. Organisations such as 'Health at Every Size', or the 'Size Acceptance Movement', have drawn criticisms for encouraging obesity, because, it is argued, greater acceptance of the overweight self makes people complacent about their appearance and poor health. Similar arguments continue to be made about overweight people in the public eye, as it is suggested that they normalise larger body shapes.²⁷⁸

Medical Discourses of Weight Management Since 1980

As one might expect, the medical complications that arise from excess body weight have continued to form the central platform of medical understandings of obesity. Indeed, the cost of obesity to the NHS has become a key concern for the medical profession, with current estimates suggesting that obesity related ill-health costs the NHS £5 billion a year.²⁷⁹ Alongside the continuation of these discourses however, there has been a notable shift in attitudes towards the treatment of overweight patients. In particular, there has been increasing recognition of the structural, social, and psychological factors that contribute to obesity; from this it is possible to discern the recasting of medical approaches towards causes and treatment, in line with those frameworks initially devised by feminists, in several ways. Firstly, during the 1980s one begins to see the integration of psychoanalytical theories into explanations of obesity,

²⁷⁷ 'Medicine and the Media', *British Medical Journal*, vol. 280, (19th January 1980), p. 176.

²⁷⁸ In 2009, Professor Michael McMahon suggested that celebrities such as Beth Ditto, Eamonn Holmes, and James Corden were encouraging people to be uncritical of their own appearance, this, he argued, was akin to the use of very thin models encouraging anorexia. For discussion of this see: <http://news.bbc.co.uk/1/hi/health/8123741.stm> accessed 25th June 2014; or <http://www.express.co.uk/news/uk/110649/Chubby-stars-blamed-for-obesity-epidemic> accessed 25th June 2014; <http://www.independent.ie/opinion/columnists/ian-odoherty/you-mean-shes-not-a-roll-model-26547391.html> accessed 25th June 2014.

²⁷⁹ Scarborough *et al.*, 'The Economic Burden of ill health due to diet, physical inactivity, smoking, alcohol, and obesity in the UK: an update to 2006-07 costs', *Journal of Public Health*, vol. 33, no. 4 (2011), pp. 527-535.

as illustrated by *The BMA Slimmer's Guide*, published in 1985 for a lay audience. It noted that:

... some teenage girls who are emotionally insecure may even prefer to be fat for a time as they are not ready to cope with the problems of relationships with the other sex.²⁸⁰

This explanation for obesity in teenage girls echoes the psychoanalytic feminist arguments that eating problems were the response of teenage girls wanting to halt the development of sexual maturity by remaining childlike.²⁸¹ The implication of adopting such explanations for obesity was that previously mistrusted treatments options - namely psychological therapy - became increasingly attractive. From the mid 1980s onwards, a 'mixed' treatment for obesity was advocated, whereby intensive weight loss treatment was conducted in conjunction with behavioural modification therapy.²⁸² An interesting expression of this increasingly intertwined approach is the current requirement that patients preparing for weight loss surgery also attend counselling sessions for weight loss. It is through this form of support that patients are expected to develop the lifestyle habits that will help them control their weight both before, and after, surgery.²⁸³ Therefore, even within interventions that are predicated on surgical intervention, the importance of developing a successful system of self-control is encouraged.

²⁸⁰ Denis Cradock, *The BMA Slimmers Guide* (BMA Family Doctors Publications: 1985), p. 36. A.H. Crisp, the leading authority on Anorexia Nervosa in the 1980s in the UK, began to note the similarities between obese teenage girls and anorexics, including fear of sexual development: see A.H. Crisp, 'Regular Review: Anorexia Nervosa', *British Medical Journal*, vol. 287 (24th September 1983), p. 856. There was also a growing literature that suggested that survivors of sexual abuse tended to experience disordered eating as a way of expressing distress: see, Kathleen Ratican, 'Sexual Abuse Survivors: Identifying Symptoms and Special Treatment Considerations', *Journal of Counselling and Development*, vol. 71, no. 1, (1992), p. 34, or Ami Laws, 'Does a History of Sexual Abuse in Childhood Play a Role in Women's Medical Problems?', *Journal of Women's Health*, vol. 2, no. 2 (1993), p. 169.

²⁸¹ Kari Lerum and Shari Dworkin, "Bad Girls Rule": An interdisciplinary feminist commentary on the report of the APA Task Force on the sexualisation of girls', *Journal of Sex Research*, vol. 46, issue. 4 (2009), pp. 250-263.

²⁸² For instance, see H Bjorvell and S Rossnor, 'Long Term Treatment of Severe Obesity: Four Year Follow Up of Results of Combined Behavioural Modification Programme', *British Medical Journal*, vol. 291, (August 10th 1985), pp. 379-382.

²⁸³ Current National Institute of Clinical Excellence (NICE) Guidelines suggest that weight loss surgery patients be counselled before, and after, the surgery, also patient support groups should be available post-surgery. See NICE Pathway for Overweight and Obese Adults: <http://pathways.nice.org.uk/pathways/obesity#path=view%3A/pathways/obesity/overweight-and-obese-adults.xml&content=view-node%3Anodes-surgery> accessed 1st July 2014.

A second feature of feminist psychoanalysis that found its way into the medical conceptualisation of obesity was the negative relationship that existed between images in the mass media, body weight, and body image. During the 1980s this largely focused on the impact of media images on the development of eating disorders, such as bulimia and compulsive, or binge, eating disorder. The roots of these disorders were seen as being located in a 'morbid fear' of fatness, which was a result of the social pressure created by magazines for women to achieve an 'ideal' body.²⁸⁴ Increasingly, however, medical institutions have adopted the idea that magazines have a negative impact on most people's body image, thereby accepting its extension out of the clinical conditions anorexia, bulimia, or binge eating disorder and into the general population. A 1996 study that considered the feelings of young girls towards their bodies reflected this shift, arguing that young girls were growing up wanting to look like 'supermodels':

In many cases the desire for slimness was influenced by the images of fashion models. Failure to live up to this image resulted in low self-confidence and low self-image." It found that teenage girls often went to great lengths to control their weight and were more aware than boys of the links between diet, nutrition, and health.²⁸⁵

The article also suggested that the development of this self-consciousness about one's body led to erratic or problematic eating patterns. The author also emphasises that this was not a problem that affected a small number of girls, but rather it was a problem encountered by many young women. Therefore, the impact of difficult to achieve idealised body shapes was not limited to those with clinically diagnosed mental health problems. Since 1995 this vein of socio-cultural criticism has become more pronounced within the pages of the *BMJ*, culminating in it leading a campaign for the mass media to reconsider the representation of women's bodies within the media. Dr Ian Bogle, the chairman of the BMA in 2000, suggested that the cult of 'bodily perfection' led to young women feeling unhappy with their own bodies. Likewise, other articles in the *BMJ* have suggested that women's magazines were bad for women's health because of the poor

²⁸⁴ Christopher Fairburn and Peter Cooper, 'Self Induced Vomiting and Bulimia Nervosa: An undetected problem', *British Medical Journal*, vol. 284 (17th April 1982), p. 1183; or Crisp, 'Regular Review: Anorexia Nervosa', p. 856.

²⁸⁵ Pritpal Tamber, 'Young women want to look like supermodels', *British Medical Journal*, vol. 312 (6th April 1996), p. 867.

role models offered within their pages.²⁸⁶ Finally, it is notable that, despite the substantial amount of work that has been conducted on the impact of ideal body images on men, and the increasing instances of men experiencing disordered eating or compulsive exercise routines, these criticisms continue to refer almost exclusively to their impact on women. This may be a lasting, albeit unintended, consequence of feminist criticisms of body aesthetics; that eating problems and body image have continued to be defined as 'feminine' problems affecting young girls.

'Lifestyle Counselling' and Holistic Approaches to Weight Management

Earlier in this chapter it was suggested that the medical attitude towards dietary management before the mid 1970s was that patients were 'put' on a diet by their doctors. This highlights that patients were expected to have a passive role within the dieting process, and were therefore expected to fulfil traditional 'sick role' norms. The power dynamic suggested here was also reflected in the interview with Fiona Smith conducted for this thesis. Smith trained as a hospital dietician in the early 1980s and, when speaking of the interactions between dietician, doctor and patient she stated that:

... when I was a student it was very much you revered the doctors and don't dare to ask questions. I do remember asking questions because, erm, diets were almost prescribed by some of the medical profession and although you then went away and thought, this doesn't fit with what I know ... It was quite difficult and not done frequently, to go back to them and say 'maybe your patient would do better', 'I've been thinking about', and 'how about we do it slightly differently' you just didn't do that.²⁸⁷

Smith described her own relationship with the doctors that she was working with as one dominated by hierarchal relationships, in which the doctor was not questioned by the

²⁸⁶ Helen Morant, 'The BMA demands more responsible media attitude on body image', *British Medical Journal*, vol. 320 (3rd June 2000), p. 1495.

²⁸⁷ Fiona Smith, interviewed by Martha Kirby, Kilmarnock, Ayrshire, February 2013.

patients, nor, indeed, the dieticians. However, Smith was also critical of the relationship that dieticians had with their patients, emphasising that the dietary instructions given to patients were often done without reference to personal circumstance. After Smith's role changed, she began to visit people in their own homes, and saw the difficult conditions that some of her patients lived in. As a response to these experiences, Smith described how her own practice began to develop:

I think I was much more searching in my questions, and I did a lot more, erm, an awful lot more listening. You know, 'tell me about what life's like at home and how food fits in'. Rather than, the very prescriptive way that I had been taught to do dietetics, as a student, which was about 'right, your diet is like this, and actually that's not good for you, so I want you to change it to that'. Erm, it was very much about the food on the plate, and the surroundings that happens in weren't often recognised. [Whispers] I think it's different now.²⁸⁸

As discussed in the previous chapter, authoritative approaches to weight management tended to overlook practical problems, such as cost of the diet, and malfunctioning or non-existent kitchen equipment. Smith suggested that her involvement with the Community Dietetics group (a sub-group of the BDA) was formative in helping her to re-examine her own professional practice. *A History of the British Dietetic Association: The second twenty five years, 1961-1986* reflected on the changing nature of dietetics over the period and argued that, community dietetics - which focused on advising people within the community rather than a hospital setting - had become increasingly significant. This new branch of dietetic practice, it was hoped, would facilitate greater focus on the social and structural problems that might stop somebody from making changes to their diet.²⁸⁹ In part, this new approach was necessitated by the growing instances of obesity within the UK, because it meant that dieticians were also increasingly involved in illness prevention projects within the community. Over the period 1970-1995, the relationship between dietician and patient seemed to develop so that there was a

²⁸⁸ Fiona Smith, interviewed by Martha Kirby, Kilmarnock, Ayrshire, February 2013.

²⁸⁹ <https://www.bda.uk.com/about/part2> accessed 3rd July 2001.

more holistic understanding of the patient's experience, thus placing them in a framework where they had more agency within the process.

Although there were no structural changes that highlighted a different approach towards overweight patients by doctors, there are indications that GPs were expected to engage with overweight members of the community in a more sensitive manner. Previously, advice to doctors about treating those with weight problems focused on reminding patients of the social disadvantages of overweight and the benefits of altered physical appearance or attractiveness as a motivational tool. However, from the early 1980s onwards, one can detect the development of a new approach towards the doctor patient-relationship within the clinical management of obesity. Positive encouragement and reinforcement was increasingly expected from doctors. Guidance for the medical profession began to focus on the role that therapists play as an "essential partner" in treatment; to help develop "self-esteem" and "build up the patient's motivation".²⁹⁰ Also, doctor's themselves were encouraged to look at patients as a 'whole', implying that a more holistic approach was needed for effective obesity treatment. Furthermore, the cyclical nature of dieting, low self-esteem, and weight gain were increasingly pinpointed as problematic within the *BMJ*, leading to some questioning the efficacy of dieting as a treatment option for obesity.²⁹¹ These understandings of weight management have continued within contemporary medical discourses, for instance, an article from 2004 described the 'Runaway weight gain train', which incorporated emotional, social, psychological and physiological explanations for overeating as part of a perpetual process that resulted in the incremental development of obesity.²⁹² The paper concluded by advising doctors to guide their patients towards an understanding of what their triggers for overeating might be, and supporting individuals to make appropriate lifestyle changes.

²⁹⁰ Stewart Truswell, 'ABC of Nutrition, Obesity: Causes and Management', *British Medical Journal* (14th September 1985), p. 723; or Polly Hitchcock Noel, 'Management of Overweight and Obese Adults', *British Medical Journal*, vol. 325 (5th October 2002), pp. 757-761; Ruth R Kipping, 'Obesity in Children. Part 2: Prevention and management', *British Medical Journal*, vol. 337 (22nd October 2008), pp. 984-989.

²⁹¹ The cyclical nature of dieting was pinpointed by Orbach as one of the most problematic aspects of slimming during the period. For a medicalised interpretation of this see: C. S. Wooley and D. M. Garner, 'Controversies in Management: Dietary Treatments for Obesity are Ineffective', *British Medical Journal*, vol. 309 (10th September 1994), p. 655.

²⁹² Boyd Swinburn and Gary Egger, 'The runaway weight gain train: too many accelerators and not enough brakes', *British Medical Journal*, vol. 329 (25th September 2004), pp. 736-739.

Since 1950 there has been a marked shift in the role expected of doctors to help the patients manage their weight; authoritative doctors and deferential patients were no longer the roles expected in such medical encounters. Indeed, recognising the agency of patients, and the importance of finding a treatment pathway that worked in tandem with their lives, had become the cornerstone of clinical weight management. By altering the medical frameworks of overweight, the medical sciences were moving towards an understanding of weight that incorporated the structural causes of poor diet and health inequalities, albeit in a more opaque form.²⁹³ Nevertheless, there was a notable shift away from discourses of medicine-led intervention, to one where self-governance should be cultivated and that the doctor's role was to support and encourage people in their weight loss endeavours.

Conclusion

In a period of striding medical advancements, the lack of any perceptibly successful treatments for overweight and obesity continued to frustrate the medical profession. It fought to maintain legitimacy over the weight management process as commercial enterprises sought to profit from people's desire for weight loss; and it also struggled to find ways of responding to the concerns of the state regarding the emergence of obesity as a public health problem. Alongside the competing interests of the various institutions with a stake in the obesity 'question', the disease itself continued to frustrate medical science; treatment options remained largely ineffective, while the highly complex aetiology of overweight - that spans social, cultural, psychological and physiological causes - served to frustrate the search for a 'cure'.

Concurrent to these frustrated attempts to find a cure was the increasing realisation that the consequences of obesity were more significant than previously understood. During the 1950s the development of demographic evidence that

²⁹³ For further discussion of health inequalities in the localised political agendas and the role of neo-liberal understandings of health in the national political forum refer to Chapter 1.

obesity was linked to heart disease served to make fat a clearly defined health risk. As a result, the fat body, and the removal of fat from the body, became a primary focus of medical encounters with obese patients. The purpose of weight loss, in the conceptualisation of clinical obesity treatment, was the removal of any excess fat from the body; and, so long as it were successful, occasional deaths of patients might be considered an 'acceptable' risk. Losing body fat, regardless of process, overtook more generalised ideas of health and wellbeing, until criticisms regarding the impact of the social and cultural idealisation of certain body shapes became more prominent in the 1980s. From this point onwards a more sympathetic, less authoritative, approach towards overweight bodies can be discerned from medical texts.

The greatest influence on medical discourses came from a somewhat surprising corner; it came from the popularisation of feminist arguments regarding overweight. This was partly a response to the broader critiques that feminists were developing regarding the unequal power relationship between doctors and their female patients, as doctors also reinforced cultural expectations regarding body weight. However, by 1995, patients were no longer expected to be passive recipients of advice handed down by a disinterested doctor, but the doctor was expected to work with the patient to develop a lifestyle that promoted healthier ways of living. Although feminist interventions may have been controversial initially, explanations that focused on the psychological impact and causes of overweight were incorporated into the broader medical conceptualisation of overweight. The shift towards a more holistic approach did serve to lessen some of the value judgements about obesity within the medical texts, but its broader implications are somewhat ambiguous. Weight was increasingly viewed as something which was a consequence of psychological wounds, rather than personal greed or faulty will-power, yet this still served to relocate the causation of weight within the parameters of private behaviour - a theme which is re-visited in chapter four. Despite the potential consequences of emphasising the role of emotions within the aetiology of obesity, there was, nevertheless, a shift away from bio-medical approaches to treatment, toward more individualised patterns of care that allowed for the emotional and environmental complexity of individual cases.

Chapter 3: Just a Little Puppy Fat? Mothers, overweight children and the childhood weight

*Me get this feeling when me see this cookie on a plate,
Me want to grab it, me want to eat it,
Oh me know me can wait,
Me know that self-control is something that me must learn,
Me want to grab it, me want to eat it,
But me wait.*

*Me want it,
But me wait.²⁹⁴*

An unapologetic childlike joy in eating as many treats as possible has traditionally defined the Sesame Street Cookie Monster. He was known for the careless abandon with which he could devour plates full of cookies; and his personality could be considered to represent the consumerist society of 1960s America in which he was created. However, in 2006, the Cookie Monster was refashioned to promote a healthy eating message; *Me want it (but me wait)*, a parody of the pop song *I love it*, presents children with new behavioural guidelines. It tells them how the Cookie Monster is learning 'strategies to calm me down' and to 'self-regulate' around his favourite food so that he can 'function like an executive'. The Cookie Monster's new message of self-restraint was born from fears about contemporary childhood obesity rates in the US, but his evolution, from a monster of consumerism to one of self-moderation, reflects broader changes in the way that childhood weight has been constructed since 1950 in Britain. Over the period 1950 to 1995, children have, like the Cookie Monster, been incrementally placed at the centre of their own health, they have been taught to learn 'slimming' strategies around food so that they might have the tools to feel responsible for, and learn to control, their own body weight.

²⁹⁴ 'Me want it (but me wait)', Sesame Street, 2013, <https://www.youtube.com/watch?v=9PnbKL3wuH4> accessed 2nd December 2014.

Children hold a uniquely complex position within the wider discussion of 'overweight', obesity, and responsibility. The ambiguous nature of children's personhood means that they are seen as both free-thinking sentient beings, but also as dependents reliant on parental guidance. Other social forces, such as the mass media and the state, are also understood to influence children's eating habits throughout the period, although, as this chapter will illustrate, the relative importance of these forces is historically contingent. Since the Second World War, there have also been changes in the cultural status of children's body types, and previously celebrated body types such as the 'bonny baby' became a symbolic issue for public health campaigners, the medical profession, and the state. Increasingly, these institutions became concerned about the impact that higher childhood weights would have on the health of the nation, and the role that traditional parental feeding practices might have in encouraging larger bodies. Naturally, such concerns over the body shapes of children intersect with many other key issues that defined the period, such as the nature of childhood and nationhood, but this chapter will focus on the relationship between self-governance and the development, and treatment, of obesity in children.

John Coveney has argued that the response to the 'obesity epidemic' in Western countries has turned weight, and difficulties in controlling one's weight, into an issue of personal morality, where 'success' in controlling one's weight becomes viewed as an exemplification of modern citizenship.²⁹⁵ In particular, he focuses on the problematisation of overweight children, and the way that this has raised fears over the health of the nation's children, poor parenting, and social decline. 'Bio-citizenship', Convey argues, results in additional pressure being placed on nervous parents keen to 'do the right thing' for their children. However, despite a nod to the long standing tradition linking morality to weight, he fails to fully explore the strength of these traditions, preferring to allude to the 'newness' of the present 'epidemic'.²⁹⁶ Convey situates reports on children's health within the discourse of affluence and obesity as a problem of a post-millennial society, but social concerns regarding children's weight representing social and moral decay are not new: they date to the 1960s when mothers were singled out as 'problematic' character, in the development of childhood obesity.

²⁹⁵ John Coveney, 'The Government of Girth', *Health Sociology Review*, vol. 17, issue. 2 (August 2006), pp. 199-213.

²⁹⁶ For further discussion of the historical relationship between obesity, food and morality refer to the introduction of this thesis.

A cultural emphasis on the role of mothers in the development of young children's social habits is not new to obesity, but forms a refashioned criticism of mothers that dates back to earlier concerns about maternal care, health, and nutrition. Health for Scotland produced an information film in 1957 called 'Clean Food', which showed a young boy coming home hungry, cooking some soup to eat, and ending up ill because he did not cook it thoroughly. The narrator confidently informs the audience that the pot of soup that he is cooking "is as dangerous as dynamite in the hands of a child".²⁹⁷ However, it is also clear to the audience that, had his mother not been out when he came home from school, this situation would not have occurred. Concerns about the impact of working mothers on the health and wellbeing of children were well established by the 1950s. The introduction of mothercraft - to teach girls about managing a household and caring for children - became part of the curriculum in many schools during the Victorian period. In post-war Britain, obesity offered a useful facet through which such concerns could evolve to match the socio-political climate. It is also particularly striking that although class does tend to be absent from much of the literature on weight management, the concurrent existence of class stereotypes regarding maternal care served to embed notions of class into framings of childhood obesity, despite the discourses regarding obesity and affluence that dominated in the period.

Childhood obesity is often used as a catch for discussing the obesity 'epidemic', partly because most demographic studies illustrate that obesity in childhood tends to result in obesity in adulthood. Therefore, the overweight adults of today are the children of the post-war period onwards, yet surprisingly little has been written on the treatment or experiences of children since the Second World War.²⁹⁸ One study that does consider representations of the overweight child during the post-war period, suggests that juvenile literature since 1950 tended to present fat as reflective of the child's personality:

²⁹⁷ 'Clean Food', Department of Health for Scotland, 1957, Scottish Screen Archive, ref: 1102.

²⁹⁸ The current perception is that obesity stops being problematic in older age because men and women tend to lose weight due to poor health and illness, therefore excess weight is considered positive because it helps unwell elderly patients to survive on 'reserves' of fat. For further discussion of this see: J Fischer and M Johnson, 'Low Body Weight and Weight Loss in the Aged', *Journal of the American Dietetic Association*, vol. 90, issue. 12 (1990), pp. 1697-1706.

In fiction of the nineteen-sixties, greedy, white, affluent fat boys predominate. In the seventies, sexually virtuous, white, affluent girls are foregrounded. In the eighties, emotionally vulnerable, white fat children with limited social mobility are typical.²⁹⁹

Different understandings of children's bodies, the meanings behind them, and the consequences of weight are evident in this thesis. Young girls are foregrounded in the discussion, and excess weight is presented as causing them the most suffering because it inhibited their life chances. The reasons for this difference are likely due to the source material consulted, fiction aimed at young people is likely to play with recognisable stereotypes; whereas the health literature consulted for this thesis is more likely to address ideas of cause and effect of obesity, which leads to mothers becoming central figures in its development and young girls being singled out as the most likely to suffer socially from overweight. However, Kate Flynn does emphasise a feature of the literature that corresponds to arguments that are also made in this thesis; during economic downturns, for instance during the 1960s and 1980s, overweight in children was more likely to be associated with the working classes.

This chapter begins by outlining how children in the post-war period were increasingly classified into 'normal' and problematic 'overweight'. Changing medical understandings of overweight might have spurred a shift in personal attitudes towards adult weights, but facilitating changes to parental attitudes to weight in childhood necessitated a wider reorientation of social attitudes towards the overweight child. Seemingly, this was to be achieved by reconstructing the overweight child as a socially isolated, academically unsuccessful, unhappy figure. Reconstructing overweight in childhood often followed the deeply entrenched gender roles of the post-war period. This reached its zenith in the 1960s when weight in childhood had been delineated as an 'issue' of post-war public health, but before second wave feminism shifted medical and state discourses of childhood weight to a more gender-neutral ground.³⁰⁰ Alongside the gender divisions that marked out girls' overweight as different from boys', mothers (rather than the parents jointly) were seen as culpable for the eating habits of their

²⁹⁹ Kate Flynn, *Constructions of the Fat Child in British Juvenile Fiction (1960-2010)*, thesis submitted to the University of Worcester, June 2013, p. 269.

³⁰⁰ The gendered nature of weight management advice will also be discussed in the next three chapters, with the emphasis on teenage weight in girls discussed most specifically in Chapter 5.

children, and the advice literature encouraged mothers to feel responsible for the weight of their children. It is suggested that, given the emphasis of mothers as 'at fault', the guilt and fear of producing an overweight child might have generated a set of new anxieties for mothers in feeding their children.

The final section of this chapter illustrates how maternal 'fault' for producing unhealthy, miserable, overweight children dissipated into a more diffuse web of factors that were understood to cause overweight in childhood. New areas for concern included the 'junk food' industry that manipulated children's desires for its own commercial ends, and the state, which failed to provide a proper example through adequate nutritional education and was responsible for the poor nutritional content of school meals. The final, and perhaps most important actor, that quietly entered into the picture were children themselves, who were increasingly perceived as instrumental in the development of their own obesity. By the 1980s, the expectation of domineering parental authority was being replaced with the language of negotiation and partnership between parent and child as the basis for successfully altered eating habits. Aligning itself with the developing neo-liberal language of consumerist choice, responsibility, and self-governance, a conflicted approach towards nutritional education developed. Consequently, by the mid-1990s, children were expected to learn about 'healthy' and 'unhealthy' foods, and, crucially, children were expected to use these discourses to regulate their own eating behaviours. It will be suggested at the end of this chapter that this mixture of stigmatising overweight children, whilst also encouraging a strong sense of self-governance about eating habits from an early age, forms the root of some damaging processes. In essence, children become aware of the cultural negativity that surrounds overweight, but are also encouraged to view themselves as culpable for their eating habits. Contemporary research has suggested that early interventions of this kind can leave children feeling responsible for any overweight that they may develop, and create in them a negative sense of their own embodiment, which could, in turn, contribute to the growth of disordered eating habits in young people.³⁰¹

The sources used in this chapter are similar to those used in the two previous chapters, these include: government reports that were informing state policy 1950-1995; medical texts; medical advice disseminated through popular formats (such as

³⁰¹ Natalie Beausoleil, 'An Impossible Task? Preventing disordered eating in the context of the current obesity epidemic', *Biopolitics and the Obesity Epidemic*, ed. Jan Wright and Valarie Harwood (London: Routledge, 2009), pp. 93-104.

newspapers and leaflets); editorials and opinion pieces from the popular press; as well as health education and weight awareness campaigns run by the state. Commercially produced advice aimed at the parents of overweight children - or at overweight children themselves - is largely absent within the time period covered by this chapter.³⁰² Given the prominence that commercial advice has in the next three chapters, this may appear to be a significant omission; a reason for the lack of any commercial advice could be distaste for private enterprise profiteering from what were perceived to be young vulnerable children. Another notable difference between these sources, and those used in the next three chapters on masculinity and femininity, is that they are not aimed at the intended recipients of advice; instead the advice is aimed at mothers hoping to change the eating habits of their children. Although commercial forms of advice are not so common, the state is actively involved in intervening and regulating the bodies of children, because it is hoped that the guidance will result in healthy and productive citizens. As a result, healthy eating advice issued by the state often focuses on food in the familial context, and (once established) health education in schools becomes a key arena through which messages on health and eating patterns are disseminated.³⁰³

Celebrating the ‘Big Bonny Baby’: Pre-1950 attitudes to childhood weight

It was outlined at the beginning of this thesis, and it has been documented by other authors, that a cultural distaste for overweight was evident before the period of affluence that transformed obesity from a personal problem into a public health problem with personal consequence. Within the confines of state attitudes towards health, weight, and food consumption, it was also explained in the first chapter that,

³⁰² There are some exceptions to this, namely magazines aimed at older teenage girls, which, like *Jackie*, often emphasised the importance of dieting for aesthetic reasons.

³⁰³ From the early 1990s onwards there was a wealth of research (being conducted in many Western countries) which established the fact that schools were central to promoting healthy eating. In particular, schools became viewed as key to fostering a positive healthy environment which could influence the choices made by pupils within the school environment, but this could also emanate outwards, resulting in changes to family feeding practices as well. For further discussion on this topic refer to: Moon *et al*, ‘Helping Schools to Become Health Promoting Environments – an Evaluation of the Wessex Healthy Schools Awards’, *Health Promotion International*, vol. 14, issue. 2 (1999), pp. 111-122; or Wechsler *et al*, ‘Using Schools to Promote Physical Activity and Healthy Eating’, *Preventative Medicine*, vol. 31, issue. 2 (August 2000), pp. s 121-137; or Ian Young, ‘Healthy Eating Policies in Schools: An evaluation of effects on pupils’ knowledge, attitudes and behaviour’, *Health Education Journal*, vol. 52, issue, 23 (1993), pp. 3-9.

until the establishment of a link between obesity and chronic health conditions, such as CHD and cancer, the government showed little concern about excess weight in the population. Concerns regarding health and nutrition, before 1950, tended to focus on cleanliness and ensuring a sufficient supply of scarce resources, and therefore interest in the weights of children was under the rubric of malnutrition rather than obesity.

Height and weight measurements were consistently taken during the war as a way of measuring the health of the nation's children. Therefore, while there are few studies focusing on the adult population, there is more evidence regarding children's body weights. Evidence on children's weights was often included in reports on the public health of the nation, and these showed that children's weights increased between 1939 and 1940. These reports were viewed with great satisfaction by the government, who linked the increasing weight of children to an improvement in the health of the population, and the creation of a more equitable society.³⁰⁴ Until the early 1960s, the rising body weight of schoolchildren due to increased food consumption continued to be viewed positively. For instance, a review of the National Food Survey conducted in 1960 suggested that living standards were rising because families were spending more on food, but, unlike in previous generations, this increased expenditure reflected an increased consumption of luxury foods items, such as meat, biscuits, and sweets.³⁰⁵ A positive response to this evidence was, of course, perfectly reasonable: the nutritional health of the general population was indeed improving throughout the first half of the 20th century, and this had resulted in the population growing taller and (proportionally) heavier. Under these circumstances, an increase in the weight of population was intimately connected with popular constructions of the healthy body, and so considered positive – particularly amongst the vulnerable young.

Perceptions of childhood weight were not only viewed differently by the state. Popular culture echoed the general approach of the state, in which heavier was (usually) better. Larger infants were often viewed as healthier, more thriving, and even better cared for. Fig.3.1 below shows an advertisement for milk dating from the Second World War, this is largely typical for this style of advertisement, as it shows a strong, plump child, and the child's vigour is partially inferred from its physical shape and from

³⁰⁴ For an example of this see, *Report of the Ministry of Health for the year ended 31st March 1946*, HMSO, cmd. 7119, 1947, p. 57.

³⁰⁵ Royston Lambert, *Nutrition in Britain 1950-60: A critical discussion of the standards and findings of the national food survey* (Welwyn: Codicote Press, 1964), pp. 9-18.

the use of the word 'backbone' to denote strength. Similarly the phrase 'big bonny' baby (used to refer to children of a larger than average size) had a particular significance at this time. To call a child a 'big bonny baby' was to confer a compliment on the mother, suggesting that she cared for her child well. Certainly this seems to have been the intention of the 1924 'Empire's Bonniest Baby Competition', held in London, which sought to find the "most beautiful and healthiest baby in the empire".³⁰⁶ Similarly, during the war, the Ministry of Food even released a series of adverts warning mothers (complete with images of healthy plump looking infants in opposition to children



suffering from rickets) about what might happen to their "sturdy", bonny babies if they were to neglect them.³⁰⁷ In this instance, the neglect is characterised by not feeding their children the rations of orange juice and cod-liver oil provided by the government.³⁰⁸ 'Sturdy', big, bonny babies were symbolic of a child that was loved and well cared for by its parents. Under these circumstances, the fat child could also confer status for its parents, particularly its mother. It also implies that there was a disinclination to see or label young children as overweight.

Fig. 3.1: 'Milk the Backbone of Britain', Ministry of Food, c.1942.³⁰⁹

Nevertheless, there are differences between how the overweight and obese were constructed at this time; whilst representations of mild forms of overweight are generally elusive, there are some 'newsreels' or 'cinemagazines' from British Pathé that illustrate attitudes towards more extreme forms of obesity in childhood or adolescence. Such newsreels are of interest on two counts; firstly, they show how obesity in childhood was constructed at this time, but they also provide an illustrative counterpoint to constructions of the older, overweight individual. Understandings of

³⁰⁶ 'A Festival of the Empire', *The Times*, Wednesday 23rd, issue. 43633, April 1924, p. xii.

³⁰⁷ 'All mothers of children under five should heed this warning', *The Manchester Guardian*, November 1st 1944, p. 3.

³⁰⁸ See 'All mothers of children under five should heed this warning', *The Manchester Guardian*, November 1st 1944, p. 3, or 'Food Facts: child neglect can take many forms', *The Manchester Guardian*, 29th December 1946, p. 7.

³⁰⁹ <http://www.iwm.org.uk/learning/resources/second-world-war-posters> accessed 2nd December 2014.

the differences between adult and child weight can be illustrated through the use of humour to construct the personalities of the people portrayed. For instance, *The Super Toe Dancer* from 1933, which shows a young girl of 16 stone ballet dancing, is accompanied by a soundtrack that emphasises her falling over; the audience's perception of her embarrassment is heightened by the music stopping as she causes a picture to fall off the wall and struggles to get back up from the floor.³¹⁰ This scene mimics those of more established comic performers of the day, such as Oliver Hardy, whose weight was often the centre of physical comic gags. In such novelty films, humour (rather than social commentary) is intended to be the presiding genre of the film. This is echoed by the accompanying music (or sound effects) which reinforced the construction of these films as a form of physical comedy. In the example of *The Super Toe Dancer*, the physicality of the dancer's weight (in this instance, her being mal-suited to the task of performing ballet) is perhaps intended to encourage the audience to share the embarrassment expressed by the young girl. The comic gags in reference to Hardy's weight are different as the audience might be invited to share in the joke, but they are laughing with him rather than at him, thereby minimising the perception of a deeper embarrassment at his weight.

However, whilst children may suffer from physical limitations and embarrassment due to their weight, they are not presented as suffering any long term effects from their physical state. *Ten Stone Baby!*, a short from 1933 about the 'heaviest baby in the world' reassures its audience that, despite the three year old Lesley Bowles' weight of ten stone:

In every way apart from his size, Lesley is normal. He can think, talk and look after himself as well as any three year old. He's in perfect health too; he's examined by the doctor every day just to make sure there's no chance of him bursting!

They don't let him walk yet, his body is too heavy for his legs, but that doesn't stop him getting about and doing things.³¹¹

³¹⁰ *Super Toed Dancer*, British Pathé, 1933, <http://www.britishpathe.com/video/the-super-toe-dancer/> accessed 15th April 2013.

³¹¹ *A Ten Stone Baby!*, British Pathe, 1935, <http://www.britishpathe.com/video/a-ten-stone-baby> accessed 13th April 2013.

Lesley Bowels' weight is clearly presented as an abnormality, and his being featured in a national newsreel as a subject of interest evidently underlines that he is a highly unusual child. However, despite his fairground curiosity status (he is also pictured playing in a room with adults observing him from above and passing him chocolate), much of the report focuses on how the rest of his life and development is normal, in spite of his different physical appearance. The apparent tensions between the way that obese children are portrayed as both competent and physically limited are, seemingly, resolved if one separates their physical abilities (which is, admittedly, the root of the humour in these newsreels) from their health, well-being, and development which are constructed as uninhibited.³¹² Overall, constructions of obese children imply an understanding whereby weight is not fundamentally a problem – even if it can be a little embarrassing. Rather, children with notable excess weight are sturdy, healthy and active.

Shifting Attitudes to Childhood Weight: The 'creation of overweight children'

These approaches to childhood weight do radically alter in the wake of the Second World War, particularly as medical research begins to question the popular orthodoxy that bigger babies were also healthier ones. In an attempt to dislodge popular understandings, a new vocabulary was introduced, through which children above the 'ideal' body weight for their age would be described. Children in these higher weight categories came to be referred to with the same vocabulary as their adult counterparts – as overweight and obese. In addition, phrases such as 'over-feeding' and 'over-nutritioned' start to feature prominently in the literature on childhood weight. As this 1956 article from *The Times* illustrates:

The precise cause of this advance in the age of puberty is not quite clear, but almost certainly improved nutrition, or at least plentiful nutrition, is

³¹² For further examples, see *The Champion*, British Pathé, 1933, <http://www.britishpathe.com/video/the-champion-2> accessed 15th April 2013 or *Camera Interviews: Miss Joan Brunton*, British Pathé, 1928, <http://www.britishpathe.com/video/camera-interviews-miss-joan-brunton-the-11-year-1> accessed 13th April 2013.

part of it. The question must therefore be considered whether we are overstepping ourselves with this campaign for improved nutrition and are actually overfeeding our children thereby causing them to reach maturity too soon and so shortening their full span of life.³¹³

These tentative critiques of contemporary feeding practices centred on the discourse of nature, suggesting that the natural developmental process is being distorted by modernity. The suggestion that society is in some way 'overstepping' itself is of particular consequence within this chapter; it implies that, while the intention might be well meaning, the consequences of distorting the lifecycle through overfeeding are both serious and potentially fatal.

After this point, the weight of professional, medical opinion began to move against the popular cultural association between size of infant, growth rate and indications of health. It began to warn mothers that the 'big bonny baby' was not healthy, and could, in fact, be storing up health problems for later life. This sparked an important debate within popular medical advice about the proper way to feed infants; bottle feeding, and the early introduction of solid foods (in lieu of lengthier periods of breastfeeding) were being highlighted as practices that caused obesity in infants. The following quote is taken from a 1967 Health Education authority film called *A Cruel Kindness*, which identified the following problem:

Mothers want to do all they can for their babies, and a weekly gain in weight seems proof of success, though a plump one doesn't thrive any better than a lean one! A nervy mother may try to show affection through food, and she may try to force it to show her love. Some mothers add an extra spoonful or two of sugar, just to make sure. But it's horribly easy to give too much carbohydrate in the feed.³¹⁴

Within this extract we see that the words 'lean' and 'plump' are being used to describe and distinguish between children's bodies, the phrases 'fat' and 'overweight' are also used liberally elsewhere in the film. Traditionally, these phrases had been reserved for

³¹³ 'Human Lifespan Still About 70 Years' (anon), *The Times*, Friday 19th October, Issue 53666, 1956, p. 15.

³¹⁴ 'A Cruel Kindness', A British Health Education Authority/ Life Assurance Trust for Health Education, 1967 <http://www.wellcomecollection.org/cruel-kindness> accessed 20th October 2010.

descriptions of adult bodies; by the 1960s however, this terminology was spreading. Children's bodies were being examined and judged along similar lines to adult bodies, and the use of overweight to describe children's bodies, suggests that smaller levels of excess weight were now also deemed as unacceptable in children. This dialectical shift is particularly evident in the status of 'puppy fat' in adolescent children. Before the 1950s, puppy fat was often viewed as a stage in the growth cycle whereby excess weight might be put on, before the growth spurt associated with puberty. It was, therefore, considered a stage in children's development and its existence was considered perfectly normal, even natural for properly fed children. However, by the 1960s:

Doctors report that though mothers often show concern for a thin child, they almost invariably assume that an overstuffed youngster is a happy and healthy one. Many parents look indulgently, even proudly, on their children's excess weight and ascribe it to puppy fat, assuming that it will naturally disappear in due course. Long term studies show that overweight children become overweight adults - and that many overweight adults can trace the origin to childhood.³¹⁵

Throughout the 1950s and 1960s, fears over the health consequences of overweight in adults begin to dominate understandings of larger body shapes, and this seeps into the discourse on children's body shapes as well. This results in a gradual process of labelling, or identifying, infant and adolescent bodies within the frameworks of obesity related discourse. Consequently, children who previously had a little 'puppy fat', as part of their natural adolescent development, became 'overweight' or obese.

Poor Lonely Valerie: Stigmatisation and overweight in childhood

Mapping adult frameworks of obesity onto children's bodies was a tenuous process, and certain aspects of this framework were more easily absorbed into popular understandings than others. For example, concurrent to the reclassification of children's

³¹⁵ 'SOS to Every British Housewife', *The Times*, Wednesday 3rd May, issue. 56931, 1967, p. 9.

weights, there was a push towards recasting the 'overweight' child as socially isolated, unhappy and unfulfilled – in essence the social stigmatisation of adult weight was transferred onto children as well. However, as discussed at the beginning of this chapter, there is one crucial difference between the construction of adult obesity and childhood obesity; and this difference centres on understandings of self-governance. While adults were expected to employ technologies of the self to monitor, control, and maintain weight - children were not expected to adopt these self-same responsibilities. Instead, those who control and influence children's eating habits were expected to manage these issues on children's behalf, those responsible were to monitor their intake and, by doing so, prevent obesity from occurring at all. Until the 1980s, mothers were portrayed as the central guiding force behind children's habits, and so women were encouraged to internalise their children's weights not just as a problem they must solve, but also as a problem that reflected their skills as a parent.

The tone for discussing the personal consequences of childhood obesity was set by a report released in 1956 by John Charles, the Chief Medical Officer of the Ministry of Education, when he warned that the 'fat' child: "is at grave disadvantage... frequently he begins to fail at school work, to dislike games, and retire into his shell unhappy and ashamed".³¹⁶ The description of the overweight child as 'unhappy' and ashamed is a common feature in the literature, yet this article is unusual in one respect; it refers to the social and psychological disadvantage of being overweight for both boys and girls. In general, the consequences were discussed along gendered lines, with girls 'suffering' from greater social exclusion due to their weight. The previously mentioned health education film *A Cruel Kindness*, exemplifies many of the attitudes towards overweight in adolescence typical of the 1950s, 1960s, and 1970s. It focuses on three children named 'Jimmy', 'Ronnie', and 'Valerie' who are used as a warning to mothers about the dangers of allowing their children to become overweight. However, it should be noted that, in the 1970s, the constructions of children's experience of overweight in childhood do begin to shift onto more gender neutral ground in the wake of second wave feminism, and so once again, discourses on childhood obesity were mapping themselves onto adult frameworks.

³¹⁶ John Charles, *The Health of the School Child: Report of the Chief Medical Officer of Health for the Ministry of Education for the years 1956-1957*, HMSO, 1958 as reported in 'A Modern Curiosity' (anon), *The Times*, Monday 9th March, issue. 54404, 1959, p. xiii.

The film begins with a shot of the two boys, 'Jimmy' and 'Ronnie', playing in the school playground with their friends. The narrator introduces them alongside their weights, which also serves as an introduction to their 'problem'. Both boys are playing quite happily with friends, although they do tire quickly, losing their youthful vigour, unlike their slimmer friends who continue to play. Valerie is also introduced by her name and her weight, however, unlike the two boys, she is not pictured with friends, instead she is on her own with her eyes to the floor, with a group of girls walking behind her laughing and joking. Thus, from the very beginning, fatness is being outlined as having a greater negative social consequence for girls than it does for boys. Similarly, at the end of the film, the benefit of losing weight for Ronnie is that he is physically fitter, and as a result wins the school sports day race.

As noted above, sources that consider the consequence of obesity on young boys' masculinity are rare (as most of the focus remains on girls until the late 1970s). There are some instances, however, where childhood weight is discussed in a gender-neutral manner, but these tended to focus on the physical benefits of weight loss. A 1961 article from *The Guardian*, which described a weight loss camp for children in Czechoslovakia noted that: "Obese children usually take a half-hearted approach towards exercise often leading to an inferiority complex" but after weight loss "the children found that they were not handicapped by their weight and could do as well as their slimmer friends in games and sports."³¹⁷ For Veronica Weir, the article's author, improved capabilities was a cornerstone benefit of weight loss (as it was for Ronnie); however this is also accompanied by an improved self-confidence which was the result of an internal emotional shift in the child – rather than external changes in the social attitude towards the child. Crucially, this indicates that it was the child holding himself back from success rather than being held back by wider social stigma.

Unfortunately, for Valerie, and girls like her, the social consequence of overweight was constructed as having greater significance. *A Cruel Kindness* outlines some severe consequences for Valerie as she grows older, if she continues to be overweight. Within the film the narrator explains that:

Like other fat girls, she'll be handicapped for life; like other fat girls she'll have to buy 'outsized' dresses; she'll be left on her own at dances; she'll be

³¹⁷ Veronica Weir, 'Heavyweight Children', *The Guardian*, February 13th 1961, p. 6.

too embarrassed to undress at the swimming pool; and will grow into a fat breathless woman.³¹⁸

The glimpse that the audience of mothers has into Valerie's future is not a happy one; indeed, the disadvantage of her weight is so great that it is expected that she will be unable to engage in social activities as simple as going shopping, going to dances, or swimming with friends on a warm summer day. Valerie's body shape is presented as causing shame, ostracisation, and loneliness in her future, but her body can also be understood as a threat to her femininity. In 1968, Dr Phyllis Mortimer (lead physician of a weight control clinic in Croydon) identified the key issue that troubled the overweight girl - and highlighted her problem for the world to see - as the mini-skirt:

Miniskirts emphasised that obesity amongst teenagers and schoolchildren was increasing ... the overweight boy can usually find a girlfriend quite successfully, but with miniskirts at their present level the poor plump girl is a grave disadvantage. The fact that you are fat is plain for all to see.³¹⁹

Mortimer's attitude towards the romantic prospects of an overweight girl mirror those represented in *A Cruel Kindness*, whereby overweight is constructed as a barrier to social acceptance. In particular, she suggests that overweight girls will not be able to conform to the wider social expectation that young women will use their appearance to find a boyfriend. Based on this, the consequence of overweight in the life of a young woman needs to be considered on three distinct levels; firstly, whilst her male counterpart can rely on other achievements (such as education or work) to attract a partner, a young woman seems to rely on her looks alone. Secondly, for women in the 1960s, seeking marriage was their 'primary business', not only because it provided the opportunity to move out of the familial home, but also because courtship, love, and marriage were central way through which women located and developed their adult selfhood.³²⁰ The culmination of these first two levels (women need to rely on their looks

³¹⁸ 'A Cruel Kindness', <http://www.wellcomecollection.org/explore/sickness--health/topics/obesity/video.aspx?view=a-cruel-kindness> accessed 19th April 2012.

³¹⁹ 'Obesity Often Kills, Doctor Says' ('From Our Correspondent'), *The Times*, Saturday 5th October, issue. 57374, 1968, p. 3.

³²⁰ Claire Langhamer, 'Love and Courtship In Mid-Twentieth Century England', *The Historical Journal*, vol. 50, issue. 1 (2007), pp. 173-196.

to begin courting boys, which is central to the formation of an adult identity) leads to the final issue; that overweight teenage girls will become frustrated at a certain point in their personal development. This is because an overweight girl, unlike her slender peers, will be unable to progress from adolescent single womanhood into adult womanhood, where she achieves the status of wife and mother, because her physical attractiveness will prevent her from doing so.



Fig. 3.2 Selection of images taken from *Overweight Children: A Cruel Kindness*, A BMA Family Doctor Booklet in conjunction with the British Life Assurance Trust, ed. Trevor Weston, 1968.

The implied difference, between the consequence of male and female overweight in childhood and adolescence, was also underlined through the use of imagery. Fig.2 above is a selection of five cartoons taken from *Overweight Children: A Cruel Kindness*. *Overweight Children* was a BMA 'Family Doctor Booklet' realised in conjunction with the British Life Assurance Trust to support the release of the film. Notably, the booklet itself shies away from using gendered language, referring to children as 'him or her' or simply as 'children' – which could imply a gender-neutral approach. However, the imagery that accompanies the booklet leaves the audience in

no doubt of which children will be “laughed at behind their backs”,³²¹ will avoid swimming “purely because they cannot stand the indignity of being mocked in their swimsuits”,³²² or whose overweight is the result of overindulgence of jam and chips permitted by mother. The multiple formats, through which the framework of the gendered implications of overweight were expressed underlines the power of these discourses within 1960s popular culture.

Aside from the personal implications of overweight, it was also common for articles to cite the impact that obesity might have on the fabric of society, referring in particular to ideas of moral decline and decay. Most often, these would be linked to concerns that children were maturing at a faster rate, due to the development of an affluent society, as this editorial from *The Times* suggests:

There is a growing body of evidence to suggest that this early attainment of physical maturity is often not accompanied by a corresponding intellectual and emotional development. Many of these physically mature, but intellectually and emotionally immature, children find the discipline of the last year of school frustrating. And this result is to be seen in those out of school activities which may land them in the juvenile courts.³²³

Obesity was viewed to be a dangerous social force in several ways; it led to serious health problems, it stunted the dreams and aspirations of young girls; and now seemingly, it also caused wider social problems, such as juvenile delinquency. Indeed, the relationship between obesity or nutrition and crime became a controversial topic in the 1970s and 1980s as several studies suggested that poor nutrition could lead to criminal behaviour. One example of this is the 1971 book, *Emotion, Obesity and Crime*, in which obesity was linked to a sociopathic personality type.³²⁴ It is clear from articles which discuss juvenile delinquency and diet that expressions of anxiety about the social-psychological impact of obesity resulted from fears about an increasingly wealthy and prosperous society. As discussed in previous chapters, obesity was often viewed as a disease that arose directly from increased affordability and availability of richer foods,

³²¹ *Overweight Children: A Cruel Kindness*, ed. Trevor Weston (A BMA Family Doctor Booklet in conjunction with the British Life Assurance Trust, 1968), p. 8.

³²² *Overweight Children*, ed. Trevor Weston, p. 16.

³²³ ‘Too much of a good thing?’ (anon), *The Times*, Tuesday 20th January, issue 54363, 1959, p. 9.

³²⁴ Stanley Schachter, *Emotion, Obesity and Crime* (London: Academic Press, 1971).

technology and leisure. Therefore, the linking of obesity to other cultural problems perceived to be modern, such as the wave of youths who have “misbehaved themselves since the war”,³²⁵ reflects the wider social framework of anxieties that obesity was located in.

Nevertheless, obesity and the social problems that it was seen to contribute towards, were of particular concern to many campaigners and would have no doubt affected the ways that the overweight child was perceived. As with understandings of the personal consequences of obesity, social-psychological problems were also delineated along gender lines; whilst overnourished boys were expected to react through typically male behavioural patterns, such as aggression, girl’s delinquency was linked to their sexuality. Boys were expected to react against the constraining social institutions through violence, whilst girls’ reaction to the earlier development of sexually maturity was expected to be frustration leading to promiscuity. However, both boys and girls were understood to be responding to the social constraints of institutions which were aimed at children with a slower rate of maturation.³²⁶ The different responses of overnourished boys and girls were also understood to emanate from the different ways that boys and girls responded to overweight. Boys were expected to turn their frustrations outwards and hurt others, whilst girls were expected to turn their troubled emotional development inwards and take it out on themselves, for instance by becoming promiscuous. ‘Promiscuity’, unlike violence that caused damage to bystanders, was perceived as an action that damaged the integrity of a young woman’s sense of self, particularly because fat girls might engage in promiscuous behaviour, but it was clear that this would not lead to their eventual goal of marriage. The *Observer*’s psychology correspondent argued along similar lines in an article entitled ‘Why Fat Girls are Jolly’:

She is likely ... to be hypochondriacal, anxious and depressed. She is uncomfortable and anxious in social situations, and shows an excessive

³²⁵ ‘Delinquency: Where Lies Blame?’, *The Times*, Friday 30th July, issue. 56387, 1965, p. 6.

³²⁶ For examples of these arguments see: ‘Delinquency: Where Lies Blame?’, *The Times*, Friday 30th July, 1965, issue. 56387, p. 6; ‘Budding Point Of A New Age’, *The Times*, Tuesday 3rd July, issue. 55433, 1962, p. 16; for an idea of how these arguments were being incorporated into nutritional text, refer to Barbara Griggs, *The Food Factor* (England: Viking, 1986), chapter 24.

desire to please and be accepted at a time when most adolescents tend to be rebellious and individualistic.

One result of the fat girl's yearning for social acceptance is that she creates a false impression of emotional maturity accepting too easily adult attitudes and standards of behaviour. She is usually less ambitious and imaginative than her standard weight peers.³²⁷

Therefore, although overweight girls might appear to be "jolly" this was a mask for their true feelings of personal shame. Seemingly, the emotional impact of obesity was understood to be different for boys than it was for girls, just as the social and personal implications were considered different. All of these descriptions of overweight followed what could be loosely described as gendered patterns of behaviour, but these descriptions also underwent a change that reconstructed both the male and female overweight child. By the late 1970s, the cultural picture of larger children had been recast, from the happy, healthy, and competent child going through a natural stage of development, into a child that was unhappy, psychologically maladjusted, socially inept and (potentially) criminal. Reconstructing children's weights to fit an intensified adult model of obesity served a dual role. Firstly, it spoke to existing concerns about the character of society in a newly affluent world, and the consequences of this on children emerging from this society. The second role it played was as a tool that could be used by those who wanted to push for a change in children's eating habits, because it encouraged mothers to view the weight of their children in a novel way.

A Cruel Kindness - Maternal Responsibility, Neglect and 'Misplaced Affection'

Until the mid-1980s, mothers are clearly placed as the central problem in the weight of the child. The narrator's direct address to the audience at the end of the film *A Cruel Kindness* outlines this with clarity:

³²⁷ 'Why Fat Girls Seem So Jolly' ('From our Psychology Correspondent'), *The Observer*, April 2nd, 1967, p. 14.

To cure a fat child is not a simple matter. There are three people involved, there's the child, the doctor and above all, there's you; Mrs Grant helped, Mrs Brown didn't. Make no mistake about it, it's overfeeding that makes a child fat. Prevention is relatively simple, it's a cruel kindness to let your children eat too much.³²⁸

While it is acknowledged that there are additional people that are involved in the treatment of obesity, the mothers featured in the film, 'Mrs Brown' and 'Mrs Grant', are the most important in determining the success of their children in the arc of the storyline. Mrs Grant follows the doctor's advice, and as a reward both she and her son have lost weight by the end of the film, whereas Mrs Brown fails to seize the opportunity and remains apathetic, maintaining her belief that her 'fatness' is the result of a genetic predisposition. Although the film acknowledges that 'fatness runs in families', it is clear that it is social and habitual factors are viewed as having greater importance in the development of obesity, with genetics being used as an 'excuse' for failed management efforts. This is further illustrated by the way that mothers are presented within the cause and treatment cycle of obesity; the mothers are shown to be at the centre of the story, driving the 'successes' or 'failures' of their children's weight loss, which implies that they are in control of the situation. Ultimately, however, it is the doctor who directs the treatment by providing the proper advice, treatment techniques, and offering the support to the mothers who facilitate the necessary changes. Consequently, the failure of the mothers in this context is presented as not the result of any informed opposition or objection to the advice offered, but as emanating from a laziness or apathy to the 'problem' at hand.

Nevertheless, mothers are given greater agency in the development of obesity in their children although, arguably, this is not presented in a positive light. Most often, this responsibility leads to explanations of poor feeding habits in the home. Therefore, the explanations for overweight in childhood can be separated into two distinct strands: the first suggests that some mothers are neglectful of their children, causing pain and upset in the child, forcing them to seek solace in food; while the second strand suggests that mothers use food as a misplaced display of affection for their children. Clearly, one

³²⁸ 'A Cruel Kindness', <http://www.wellcomecollection.org/explore/sickness--health/topics/obesity/video.aspx?view=a-cruel-kindness> accessed 18th April 2012.

explanation is more sympathetic to the mothers of overweight children than the other, but both suggest that women with overweight sons and daughters were not sufficiently equipped to look after their children in a competent manner.

As indicated earlier, the belief that many mothers were not properly trained or sufficiently educated to look after their children is not unique to the post-war period. Since the Victorian era there had been a vast expansion of teaching of 'mothercraft' - the 'scientific' approach to motherhood - and by the turn of the 20th century, it was embedded in the curriculum of most primary and secondary schools in the US, the UK, and elsewhere.³²⁹ Mothercraft was developed as a response to high infant mortality rates and concerns over the physical fitness of the urban working classes, which resulted from an underlying perception that women were not raising the healthy citizens required by the state.³³⁰ The 1951 educational film *Housewives of Tomorrow* illustrates the typical components of the domestic sciences learnt by young girls in the 1950s. It shows girls doing laundry, making clothes from patterns, learning to 'dress' a table, but also cooking various dishes and learning about 'food values' and 'balancing the diet'.³³¹ Carol Dyhouse suggests that the 1904 report by the Committee for Physical Deterioration crystallised existing fears about the standard of maternal care in Britain, thereby setting the tone for the domestic sciences in later years. Dyhouse noted that:

In accounting for these conditions, the authors of the report laid heavy emphasis on the habits and domestic organisation of the inhabitants. Women, in particular, were blamed for their ignorance of household affairs, hygiene and nutrition; their diminished sense of household obligations and their wrongheaded notions of infant care.³³²

These descriptions of women's approach to childcare are still echoed over fifty years later, although in this example the author is now referring specifically to the issue of obesity. She describes how she is hearing:

³²⁹ Rima D Apple, 'Constructing Mothers: Scientific Motherhood in the Nineteenth and Twentieth Centuries', *Journal for the Social History of Medicine*, vol. 8, issue.2 (1995), pp. 161-178.

³³⁰ Penny Tinkler, 'Cause for Concern: Young women and Leisure 1930-1950', *Women's History Review*, vol. 12, issue.2 (2003), pp. 237-238.

³³¹ 'Housewives of Tomorrow', Scottish Screen Archive, ref. 1636, 1951.

³³² Carol Dyhouse, 'Little Wives and Good Mothers: Social Anxieties and the Schoolgirls' Curriculum 1890-1920', *Oxford Review of Education*, vol. 3, no.1 (1977), pp. 22-23.

Some shocking stories ... about babies being given fish and chips to eat, or an old bone to gnaw ... what specialists are becoming increasingly concerned about nowadays are habits which lead to obesity in later life on the grounds that a fat baby will become a fat man.³³³

Despite the fact that these two examples are spaced almost sixty years apart the sentiments they express are very similar; one can glean a moralistic attitude towards mothers, as well as a suggestion that poor education or 'ignorance' of the facts might be the root cause of it. Certainly, it suggests that the relationship between mothers and overfeeding could be understood within a traditional moralising framework, whereby bad habits and poor nutrition of the child are developed as a response to maternal neglect.

Overt instances of the moralising framework outlined above are not dominant, although this is not surprising, given that the majority of the literature on weight management for children and adolescents was aimed at mothers themselves. Understandably, authors would have been unlikely to draw on such discourses given that it would have required them telling their readership that their child's weight problem was due to their neglect. Therefore, advice aimed at mothers offered alternate explanations for unbalanced nutrition in children; these drew on a more sympathetic understanding of the mother's role in the development of childhood weight. *A Cruel Kindness*, as the title suggests, located the reason for overweight in the mother's well-meaning but inappropriate approach to infant nutrition:

Fatness begins at home. Mrs Brown, well-meaning and the soul of kindness, has made what she would call a 'good filling meal' for her family. It's certainly filling, but is it good for them?

Within the film, in a shot of the Brown family eating dinner, we see what is being served by Mrs. Brown. There is a mixture of foods on offer, including: Jaffa Cakes, a pastry pie, jam, butter and white bread. The scene continues with Mrs Brown encouraging her son to indulge in the last cream cake, which he dutifully accepts, whilst also giving Ronnie's little sister a sweet after losing her temper at her. Throughout this scene we see

³³³ Joy Barnett, "Baby Foods and Supplements", *The Times*, Saturday 10th September, issue 56733, 1966, p. 11.

different motivations for offering unhealthy food; lack of proper education, guilt, and affection. It is notable in the scene that what Mrs Brown chooses to feed her family is filling (meaning unhealthy), but it is also cheaper than the lean cuts of meat and fresh vegetables that are presented as the best alternative. However, cost as a factor in choosing a 'filling' meal is not alluded to, and so the factors that might lead to Mrs Brown's decisions about her family dinners remain hidden.

The BMA 'Family Doctor' series released several books on family nutrition throughout the 1960s, 1970s, and 1980s, and when they addressed the issue of causation, they tended to suggest that the problem lay in the way that women show affection for those around them. *Food for the Family* by Harvey Flack published in 1960 is one of these booklets, and it reflects many of the sentiments expressed in *A Cruel Kindness*:

Most of us enjoy our food. And so we should. If your family don't particularly relish their meals, if nobody ever says on rising from the table, "That was a good dinner. I did enjoy it." they are certainly not getting the best value from their food. But if they all look forward to mealtimes in your home, then you are adding a great deal to the contentment of your family ...

But that is not quite all the story. Family meals ought to be enjoyable. They ought to be balanced too. If you put on, in your home, meals that would satisfy a nutritionist, they will be tastier, more varied and more enjoyable. They will often cost less than you now spend and they will help to keep your family healthy.³³⁴

Women's motivations for feeding others are presented as stemming from a reasonable desire to ensure that their family aren't hungry and that they enjoy family mealtimes. Although, as the cartoon below (fig.3.3) illustrates, women pushing extra bacon onto that plates of their startled husbands may be the result of well-meaning intentions; but is also presented as excessive and so

³³⁴ Harvey Flack, *Food for the Family* (Family Doctor Booklet, Published by the British Medical Association, 1960).

recipients of this care and attention respond out of duty rather than any need for extra sustenance.

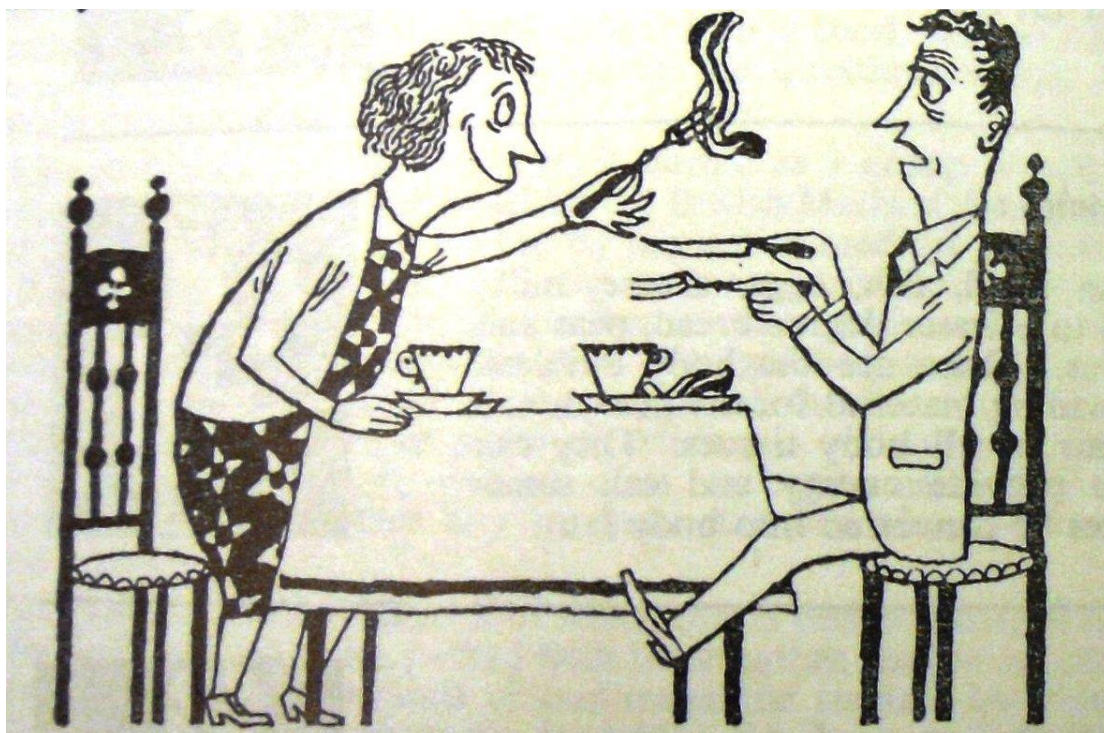


Fig. 3.3 Harvey Flack, *Food for the Family*, Family doctor series published by the British Medical Association, 1960, p. 4.

While using food as a misplaced sign of affection might seem to offer a slightly less stigmatised explanation for overweight in children – there is, nonetheless an undercurrent of class-based assumptions which become clearer when authors use juxtaposed characters, only one of which the audience is expected to identify with. For instance, while one can sympathise the care and attention that Mrs Brown offers her children; Valerie’s relationship with her parents is portrayed as one of neglect, absence, and unkindness. We are informed by the narrator that Valerie “dearly loved her vain handsome father, and when he left home for good she began eating chocolate to console herself”.³³⁵ Valerie’s father is absent from the picture, and we are led to understand that this leaves Valerie emotionally vulnerable. However, the physical absence of her father is not as significant as the physical presence, but emotional absence, of her mother within the film. The following conversation occurs in one scene which starts with Valerie lying on her bed reading a magazine and eating chocolate, her mother then walks into the room whilst putting on a pair of gloves:

³³⁵ ‘A Cruel Kindness’, <http://www.wellcomecollection.org/explore/sickness--health/topics/obesity/video.aspx?view=a-cruel-kindness> accessed 18/04/2013.

Mother: Your tea's waiting Valerie, and mind you wash up. I'm going out.

Valerie: When will you be home mum?

Mother: I don't know. (*Annoyed*) Look at you growing out of your clothes again! Oh for Pete's sake, stop eating chocolate!

Valerie's story is clearly defined as one of maternal neglect, and this neglect is exhibited on two levels. The first is derived from Valerie's mother's status as a single parent – seemingly this has left her mother more interested in going out, than spending time eating family meals with her daughter, and this lack of interest leaves Valerie on her own seeking further solace in food. The second level on which Valerie's mother exhibits neglect is suggested through the poor communication that exists between mother and daughter, Valerie's question is immediately met with irritation from her mother, and her feelings about Valerie's overweight are not expressed through a caring concern, but with further irritated exclamation.

The suggestion is that Valerie's mother's misplaced anger towards her daughter is a key motivation for Valerie's overeating, and this contributes to the suggestion that the mothers of obese children are 'illiterate' in two distinct ways. Both of these illiteracies are expressed in the following example given in *Feeding Growing Children*, another BMA Family Doctor Booklet from 1979:

Mrs A: Doesn't want to deny her family anything. She believes that nutrition is a load of nonsense and what her children fancy is best for them! Her children never sit down to a proper meal. Instead they have a sort of continuous snack bar and mainly live off sweets, crisps, biscuits and fizzy drinks with an occasional cream cake as a main item. Not surprisingly they are pale and podgy, do badly at school because they cannot concentrate and fall victim to every germ that they meet.³³⁶

³³⁶ Phyllis Mortimer, *Feeding Growing Children* (Family Doctor Booklet, Published by the British Medical Association, 1979), p. 5.

The first illiteracy evident in this example is an educational - or nutritional - illiteracy regarding the basics of nutritional science. “Mrs A”, one of Mortimer’s “patients” refuses to engage with, or accept a role for a scientifically informed approach to feeding her children, which results in their poor diet. Another example of a nutritional illiteracy leading to overweight could be Mrs Brown who, we are led to believe, feeds her children dinners of Jaffa Cakes, pastry pies, jam, butter and white bread, in an attempt to provide them with a ‘good filling meal’. Ignorance of nutrition, and occasionally an unwillingness to try new approaches, is the first stream of ‘illiteracy’ identified.

The second explanation is a more elusive emotional ‘illiteracy’. Difficulty in expressing emotion, and using food as a symbol for love and affection, has been a common theme throughout this chapter, and is used to explain overweight in children of both ‘neglectful’ and ‘doting’ mothers. This suggests that understanding the way that mothers express their emotions is central to understanding the weight of the child. Indeed, emotions, and the impact they have on maternal feeding patterns, are an enduring explanation for childhood obesity. An alternate explanation for the particular social emphasis on ‘feeding up’ children in this period might be that it is a long shadow cast from the war. Advice from the state often focused on the importance of clearing one’s plate, posters that declared, ‘A clear plate means a clear conscience’, emphasised an approach to food whereby its waste was a social and moral sin, particularly given the sacrifices that were made by the merchant navy to secure food routes over the Atlantic during the war.³³⁷ Furthermore, for parents of a generation that grew up under rationing, it could be that mothers were seeking to offer a form of nutritional security that was absent in their own formative years.³³⁸

However, such explanations tend not to be explored in the literature, but instead it focuses on mothers as the source of children’s weight problems, albeit from potentially very different approaches to childcare. As one 1983 book on obese children

³³⁷ ‘A clear plate means a clear conscience – don’t take more than you need’, was the slogan on a poster produced by the Ministry of War in 1942. Other posters showed men on merchant navy ships with the tagline ‘It takes all this to bring what you need – don’t waste it by taking more than you need. <http://www.iwm.org.uk/learning/resources/second-world-war-posters> accessed 6th December 2014.

³³⁸ It has been suggested that people who have experienced prolonged periods of deprivation tend to exhibit hoarding practices and develop odd behavioural habits around food. The most famous example of this is the Minnesota Starvation experiment, which placed young men under semi-starvation conditions to measure their responses to food deprivation, it was hoped that this would help the treatment of famine victims at the end of the Second World War. Their results were published in, Ancel Keys, *The Biology of Human Starvation* (Minneapolis University Press, 1950). Since 1950 this work has also been used in helping to elucidate the behaviours of people with eating disorders.

suggested: “both overprotection and relative neglect could lead to obesity in some children. Fatness in childhood may thus have a double distribution occurring at opposite ends of a ‘caring’ scale.”³³⁹ The word ‘illiteracy’ also accentuates the strong class associations that are embedded within these understandings of childhood weight - the ignorance of, and unwillingness to engage with, diets based on nutritional science suggest a lack of education. Meanwhile the issue of emotional illiteracy was also seemingly becoming a class-based ‘problem’ as illustrated by this 1964 article from *The Guardian*:

He [Otto H. Wolffe, a specialist in childhood health] warned that most overweight children grew into overweight adults and serious effects could follow. There were probably more obese children among the poorer social classes where some mothers gave food as a sign of affection.³⁴⁰

Therefore, for mothers from these ‘poorer’ social classes the ‘treatment’ for their child’s weight was largely removed from the child itself. Instead, mothers needed to develop different ways of expressing their emotion without the use of food as a reward or bargaining tool, and to facilitate such changes they needed to augment their own understandings of food and feeding practices, as well as learn to control their own impulses. A change in the health and body shapes of the family would naturally flow from this altered parental approach. However, despite these class associations, this is not a problem that was located by commentators in the existence of poverty; rather it was working- class access to food on a less restrictive basis that led to its misuse by an ill-educated maternal population who exhibited lethargy in responding to the advice offered by health professionals.

³³⁹ Leonard S Taitz, *The Obese Child* (Oxford: Blackwell Scientific Publications, 1983), p. 37.

³⁴⁰ ‘Increase in Fat Children Worrying Doctors’ (anon), *The Guardian*, November 14th 1964, p. 5.

Spreading the Web of Influence: Alternative influences on children's behaviour

In this chapter considerable attention has been paid to the role that mothers were presented as playing within post-war explanations for overweight in childhood, as well as the role that changing stereotypes of the overweight child played in eliciting feelings of guilt and shame within mothers. Both of these issues were clearly constructed in a way that was intended to push mothers towards acting on their child's weight problem, underlining the position of mothers as the active participant in the situation. Responsibility is allocated to the mother (certainly within advice literature), both in terms of the development of overweight, and the treatments offered. On the other hand, the child seems to remain something of a silent recipient in the process. For instance, in the set of 'patients' that Mortimer describes in *Feeding a Growing Family*, Mrs A's cooking habits leaves her family eating snacking foods. While her counterpart 'Mrs B', a parental 'food fanatic', is so neurotic that her children rebel against her strict rules and begin sneaking 'forbidden' foods in excess - leading to overweight.³⁴¹ In both examples, it is the mother's personality and behaviour that is placed at the centre of the story; as the central character, she leads, and those around her follow. However, to suggest that this agency is in some way an expression of a mother's freedoms to raise their child as they see fit, would be a misnomer. Agency in this instance is limited; it is offered insofar as women's (often unconscious) behaviours are seen as driving the situation, and changes to their behaviour are suggested as part of the solution, but agency seems to be available to the point where responsibility can be allocated, but no further.

Whether mothers accepted this framework of responsibility is, however, questionable. Resistance to this framework is rare within the weight advice literature regarding children, but alternative sources do offer an indication of some of the ways that mothers may have resisted this explanatory framework. The excerpt below is from an interview with a mother and son which formed part of a radio segment for BBC Radio Manchester (aired on 8th November 1976):

³⁴¹ Phyllis Mortimer, *Feeding Growing Children*, p. 5.

David Hulme: Mrs Margaret Duckett, as Andrew's mother what did you think about the idea of Andrew going to the slimmer's club?

Mrs Margaret Duckett: Well at first I was a bit dubious because I didn't think he would take to it, erm, but it was my friend next door who used to go, and she took him and introduced him to... er... erm, the lady that was in charge.

DH: Because we always think of ladies being overweight and going to slimmers clubs but not boys even young girls?

MD: Well I, Andrew's always been overweight he was a big baby even when he was born and he used to eat an awful lot. I mean he didn't have small tureens of cereal, he used to have the large ones, really I think he ate too much and he got used to eating too much and he couldn't stop it, he used to really enjoy his food, erm, he used to eat lots of sweets and cakes and things like that and errr-

DH: Well what happens now? Are you keeping a close eye on him to make sure he doesn't overeat?

MD: (*laughs*) He eats within reason, erm, as he tells you himself he's got an educated stomach!³⁴²

Mrs Duckett offers two distinct arguments, both of which are contrary to the frameworks that existed within the weight advice literature. The first argument is illustrated through her description of Andrew (aged thirteen at the time of recording) as a big baby and a big eater who 'enjoys his food'. This implies that she sees his body shape as something innate, in spite of a reference to a habit of eating too much, because his original behavioural pattern is seen as something that comes from an inbuilt relationship with food. Mrs Duckett's frameworks for understanding Andrew's weight is significant because it suggests a direct rejection of the reformulated explanations of weight that were being encouraged by social institutions at this time.

³⁴² 'Fat Boy', BBC Radio Manchester, aired 8th November 1976, North West Sound Archives, ref. 2002.2072.

The second argument that deviates from the framework outlined above is based on her own absence from the story that she tells of his weight gain and his embarking on a diet. Despite being thirteen (and twelve when he started at the slimming group), she presents him as responsible for his own food choices - as choosing the larger tureens of cereal as a child, for instance. Similarly, when directly asked whether she was watching what he ate now (as might be expected from mothers, within the literature), she responds by suggesting that he has learn to control eating himself, he has 'educated' his stomach to eat less. This gives Andrew a considerable level of agency within her narrative, which is at odds with the passive role of children within the previously discussed texts. Not only is Andrew given greater agency within Mrs Duckett's narrative than one might expect, her own role within the story seems to be very minimised; there is no suggestion of her making the changes one might expect if a child starts to eat differently to the rest of the family, such as cooking or buying him different foods. Indeed, she doesn't even take (or seemingly encourage) him to attend the slimmer meetings, all of which suggests a removed sense of responsibility for her child's weight. Given the discourse of responsibility that dominated explanations of childhood obesity at this time, this alternate framework suggests that mothers did not necessarily accept the discourse of responsibility that was offered within the literature.

These alternate explanatory frameworks were frequently rejected by public health professionals, many of whom sought to disabuse parents of the types of arguments made by mothers like Mrs Duckett. Frank Rowntree was the Chief Health Education Officer for Sheffield during the 1970s and in this capacity he did a weekly interview for the *Walk Right In* series. Obesity, especially childhood obesity, was a common discussion point, and in a programme from 1972 he responds to the suggestion that obesity is hereditary, or naturally occurring:

Whilst there can be certain genetic factors affecting ones height and size and weight, some social factors also play an important part – we hand on our own sins, as it were, our own habits to the next generation. Parental influence is very, very powerful indeed, so often I get ... I find it tiresome for people to say 'parents don't influence their children today'. They do! The first five years of life is one of the most important that an individual goes through, when he's learning all about society about himself, basic

attitudes and feelings are being built up, his basic practices, and this is when parents (or people acting as parents) are of tremendous influence. It's very difficult in later education, the formal education that goes on in schools, to change basic beliefs and habit patterns that are formed with the under-fives.³⁴³

Rowntree argues for an understanding of childhood obesity where responsibility for the habits formed by children rest almost wholly with the mother, the parallels of this to the rest of chapter are evident; he even refers to the use of sweets as a reward or expression of love and affection by mothers. However, it can also be seen that he is trying to 'push back' against alternative frameworks wherein the parent is not as central in dictating the behaviours of the child.

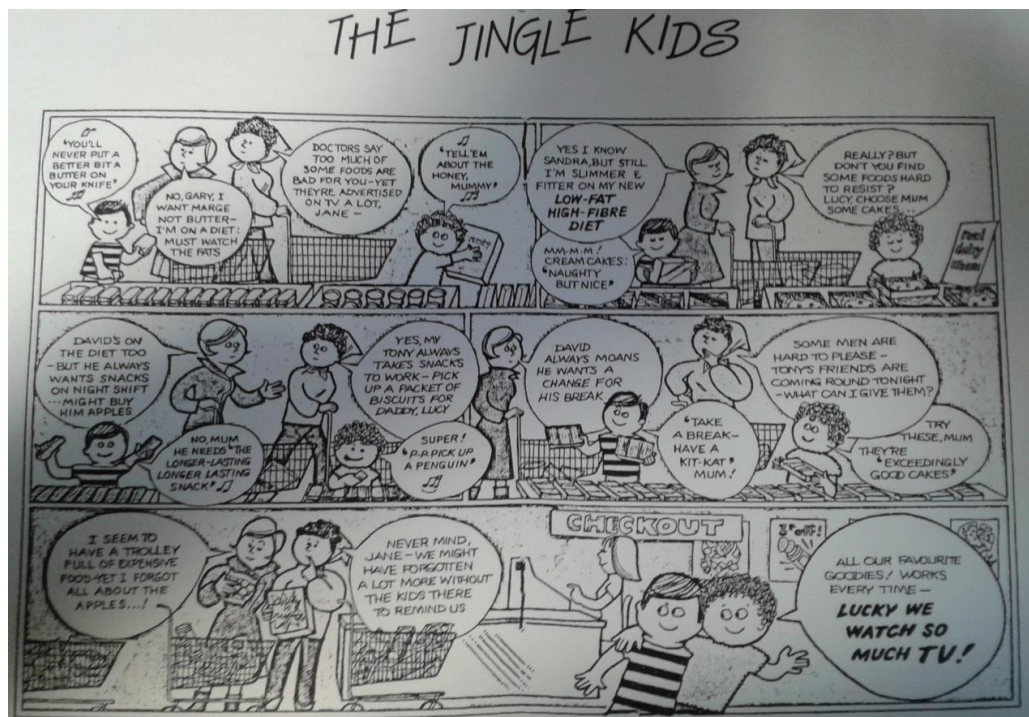


Fig. 3.4 Background Study On Slimming, Mass Observation Ltd, 1968, pp 24-25.

Alternative frameworks for explaining childhood weight, such as Mrs Duckett's, were not represented within the advice literature produced by the medical profession. In order to find evidence of organisations, institutions, and individuals that offered a more rounded understanding of explanations for childhood weight, one needs to look

³⁴³ Frank Rowntree, *Walk Right In*, BBC Sheffield, 1972, [http://catalogue.wellcome.ac.uk/record=b1727767~\\$3](http://catalogue.wellcome.ac.uk/record=b1727767~$3) accessed 19th June 2012.

elsewhere. The cartoon above (fig. 3.4) is taken from a 1968 profile on slimmers conducted by Mass Observation, in which a very different description of the active roles within the food shopping process is presented; in this instance children and advertising play a pivotal role. Indeed, the suggestion here is that the children are manipulating their parents by using the jingles produced by companies. This interpretation of children's response to advertising may have been in its infancy during the period 1950-1995, but since 1995 it has increasingly gained currency, resulting in the 2007 Ofcom decision to ban food advertising designed to appeal to children aged 15 and under.³⁴⁴ Nevertheless, a more generalised unease about the impact of advertising on the food choices of mothers, and particularly children, has become accepted. In fact, whilst the children in the cartoon are presented as actively engaging with the advertising, the purpose of the cartoon can be viewed as a warning to mothers about allowing their children to influence their food purchasing decisions. By the 1980s the suggestion that advertising has a negative impact on food choices, became a more accepted part of advice literature, but this often came in the form of a warning to mothers:

By now you may wonder just what you and the family can eat safely, especially when so many poor foods are so heavily advertised. Learning to choose a healthy, well-balanced and varied diet, will be of long term benefit to the whole family.³⁴⁵

Intimately connected to concerns over the role that advertising plays in children's food choice is the notion that advertising tends to be focused on processed foods with a high fat and sugar content. In particular, a nexus develops around the idea of 'junk' food, advertising, and children's diets, and, as a result, a greater scepticism about the role of commercial enterprises in children's food habits began to surface. The latter part of the 1980s sees the coining of labels to describe these concerns - such as the 'junk food generation'. Central to expression of these concerns was the relationship between commercial interests, children's susceptibility to advertising, and the pressure this puts

³⁴⁴ For full discussion of the decision, see

http://stakeholders.ofcom.org.uk/consultations/foodads_new/statement/ accessed 3rd May 2013.

³⁴⁵ Judy Levi, *Feeding your Baby* (A Family Doctor Booklet, Published by the British Medical Association, 1983), p. 31.

on parents to buy certain foods.³⁴⁶ Below is a quote from a 1986 LBC radio documentary called 'Junk Food Generation':

Peggy Charren [Director of Action for Children's Television]: I'm sure they [adverts] are [having a bad effect on children], and I think that the proof of it is that we spend so much money advertising to them. That the toys, and cereal and candy interests in this country must be convinced that these messages have an effect, or they wouldn't spend so much money reaching children - some of whom are too young to cross the street by themselves - with messages to buy, buy, buy.

Michael Van Straten [Interviewer]: But they aren't too young to repeat those messages to their parents?

PC: That's right, children are a very strange audience for advertising, because it is the only audience where you don't expect the target of the message to have the money to buy the product. In fact, those messages are really designed to develop a new lobbying force, on behalf of the product, where children are a kind of sales force supposedly selling the parent on the product that's advertised on the air.³⁴⁷

This denotes a significantly different approach towards understanding the way that food habits are developed in children; whilst mothers are still important in facilitating the purchase of certain foods, there is a greater complexity in the web of responsibility for children's weights which also includes private, commercial enterprise.

A secondary area which came to prominence in the nutritional debates of the 1980s as a key site for learning poor eating behaviours (albeit not within the medical literature, but certainly within the popular press) was schools. School dinners and the nutritional quality of food offered to children within the school environment, have been points of tension for many years. The discussion of this matter certainly predates the

³⁴⁶ For examples of this see, Annabel Ferriman, 'Fat Profits', *The Observer*, 27th Jan 1991, p. 25, or Louise Jury, 'Chips are Down for the Junk Food Generation...', *The Guardian*, 2nd March 1994, p. 3, or Susan Elkin, 'Junk These Poor Diets', *The Times*, Monday April 4th issue. 64919, 1994, p. 33.

³⁴⁷ 'Junk Food Generation', LBC Radio, 5th July 1986, http://radio.bufo.ac.uk/lbc/index.php/segment/0107800070001?mod_override=fed accessed 20th June 2012.

2005 'Jamie's School Dinners' campaign which was presented by various media outlets as a 'new' phenomenon, related to the 'modern' obesity epidemic.³⁴⁸ School dinners have long been a site of contention for anti-obesity campaigners who have suggested that the poor quality of school dinners set a poor nutritional example to many young people. In a discourse comparable to that which had previously been reserved for mothers, the state (and through it, schools and the meals they serve) was increasingly cited as the source for poor nutritional standards of many children's diets.

It has been argued by Metcalfe *et al* that the discourse of poor nutritional quality of meals developed as a result of the 1980 Education Act. This Act removed the need to maintain certain nutritional standards in school meals and introduced a consumerist approach to school dinners and, in doing so, turned the school dinner into a commercialised phenomenon.³⁴⁹ Certainly, it was at this time that the language of choice and preference began to enter the vocabulary used for school dinners, and it might be fair to assume that children, as consumers, might not opt for the healthiest options on offer. However, concerns over the nutritional quality of food available in schools had been surfacing sporadically since the 1950s; in particular, the prudence of a school dinner service that contributed to the increasing weight of schoolchildren was questioned.³⁵⁰ Another point of concern that often surfaced in this period, was the impact of snack shops within school grounds offering 'junk' (or what might later be termed 'junk') foods to children, such as crisps, sweets and chocolate bars.³⁵¹ This illustrates that - as with the concerns that were raised regarding the impact of advertising 'junk' foods on children - whilst advice literature on childhood obesity had a discourse that focused on the role of the mother in informing eating habits of young children, within other media formats there was a more complex representation of the spheres of influence. This difference can be explained through a consideration of the purposes for which the advice literature was intended; until the 1980s, the literature is

³⁴⁸ For examples see Dr Des Spence, 'Jamie's School Dinners', *British Medical Journal*, 19th March 2005, vol.330, p. 678, or Laura Clark, 'Jamie Oliver's Healthy School Dinners Boosted Exam Results', 30th March 2010, <http://www.dailymail.co.uk/news/article-1262053/Jamie-Olivers-healthy-school-dinners-campaign-boosted-examresults.html> accessed 3rd May 2013, or 'Oliver's Meal Crusade Goes On', BBC News, 4th September 2006, <http://news.bbc.co.uk/1/hi/uk/5313882.stm>, accessed 3rd May 2013.

³⁴⁹ Alan Metcalfe et al, 'Concrete Chips and Soggy Semolina: The Contested Spaces of the School Dinner Hall', *Population Space and Place*, vol. 17 (2011), p.378.

³⁵⁰ 'Too much of a good thing?', Editorial, *The Times*, Tuesday 20th January, issue 54363, 1959, p. 9.

³⁵¹ 'Schools 'condone unhealthy eating habits'', *The Times*, Saturday 14th Sep, issue. 59192, 1974, p. 16; or 'Obesity a problem in Welsh schools', *The Guardian*, 8th Oct, 1970, p. 18; or 'Gravy strain', *The Guardian*, 20th March, 1981, p. 15; or 'School meals 'well below standard' set by Government' ('Our Medical Correspondent'), *The Times*, Friday 12th May, issue 58476, 1972, p. 3.

almost exclusively aimed at mothers of overweight children, and as such it is constructed in a way that encouraged mothers to feed their families in particular ways. Therefore, we need to look to the popular press and other outlets that to understand how popular understandings of childhood weights were constructed.

From Coercion and Control to a Child-Parent Partnership

During the 1980s, the focus on the role of parent within the familial causes of obesity began to change and this resulted in a shift in the language of responsibility for overweight in childhood and adolescence. Moving away from the framework which constructed the child as a passive recipient of parental influence, frameworks began to frame the child as contributing to the situation as well. Increasingly, and from a younger age, children were expected to develop technologies of the self regarding their food choices and weight. In part this reflects the neoliberal shift in public health policy that sought to place the individual's choices at the centre of experiences of health, or even ill-health; but it also reflects a perceptible shift in the construction of the parent-child relationship, which allowed for children to potentially dictate their own eating habits.

Traditionally, within the literature, childhood slimming, weight loss, and diets were all phenomena that happened to the child – rather than something that they actively participated in. Within this framework, the child was expected to follow the rules given by parents and, as previously explained, weight loss would occur once the parents began to behave in the correct manner. This shift in the framework of responsibility for children's weights is also tied into the early 1980s move away from a weight and goal-based approach to body shape. As the discourse of lifestyle starts to dominate, overt attempts to promote goal-orientated weight loss for children became less common. Parents and doctors are warned of the perils of taking an overly restrictive approach to the diets of children who are still growing and for whom weight gain would be expected.³⁵² This trend is particularly notable in dieting advice aimed at older teenage girls in magazines such as *Jackie*, the wake of a greater awareness of

³⁵² Jennifer J. Ashcroft and R Glynn Owens, *Watch your Child's Weight* (Oxford: Oxford University Press, 1987), p. 7.

eating disorders in the 1980s.³⁵³ *Food Should be Fun!* by the British Heart Foundation exhibits this new approach to food, diets and weight change in the family context:

Hopefully the family will be eating a sensible, varied and well balanced diet – eating should be fun, for children of all ages! A day's family menu can contain fibre and plenty of lower fat foods, to balance out with other less healthy old favourites. For children especially, it is important that the menu contains foods that they like – there seems little point in having a nutritionally perfect, well-balanced meal, if it is going to be left untouched on the plate. If eating healthily an occasional meal for a special celebration is of little consequence.³⁵⁴

Alongside this shift in the perceived purpose of altering the diets of young people (to introduce them to a different lifestyle rather than to lose weight) we also begin to see a different relationship portrayed between parent and child regarding food and eating habits. Advice begins to emphasise the importance of adopting practices to take account of the preferences and tastes of the child. Although, these tastes are still supposed to be guided by the parental influence:

Take the path of least resistance. Sudden, large alterations are likely to provoke an equally sudden and violent reaction from your angry offspring! Foods that are especially liked should not be banned. You will be developing new tastes in your child and this is bound to take some time.³⁵⁵

Both of these recommendations are based on a framework whereby the willingness of the child to participate is fundamental to the success of the process, and it becomes more negotiative, with give-and-take expected from both parent and child. Force, in this circumstance, was no longer considered a viable option:

Now if you go on a diet, doing so is your own decision. If it makes you miserable, it is something you have brought on yourself. Imagine how

³⁵³ Refer to Chapter 5 of this thesis for further discussion.

³⁵⁴ Rae Ward, *Food Should be Fun! Advice & Recipes for Healthy Eating* (The British Heart Foundation, 1989), p.16.

³⁵⁵ Ashcroft and Owens, *Watch your Child's Weight*, p. 7.

much worse a child is likely to feel if forcibly placed on a strict diet. There will be hunger. There could well be a certain amount of social isolation (not eating family meals, not being able to eat the food at other children's parties, or maybe missing parties altogether). And, on top of that there are likely to be feelings of bitterness and resentment towards the parents who have caused this suffering.³⁵⁶

By suggesting that parents create a positive experience for the child whose 'lifestyle' and eating habits are being changed, the author is suggesting that the use of parental authority to change the child's behaviour would not be sufficient. Positivity and maintaining a good relationship with the child in question is seemingly central; this presents a very different situation where the parent enforces change for the good of the child, as occurred in the 1960s and 1970s. By the 1980s, children are constructed as being enabled by their parents, who make the experience of dieting as pleasant as they can for the child.

Schools, Healthy Eating Campaigns and Developing Children's Self-Governance

The perceived need for parents to engage - rather than instruct - children in healthy eating regimes follows a wider shift in the accepted role of children that included, amongst other institutions, the medical profession. The 1983 publication *The Obese Child*, aimed at professionals such as GPs, paediatricians, doctors in training, and community health visitors, had a very different understanding of the part that the medical profession should play in treating obesity in children:

Any physician who wishes to treat childhood obesity seriously cannot neglect the emotional side and must be prepared to provide some form of psychotherapeutic support. The order 'you must learn to control your eating' accompanied by a diet sheet is not very likely to produce beneficial

³⁵⁶ Ibid., p. 15.

results. The child needs to feel that the physician is on his side and will share triumphs and failure rather than mete out retribution.³⁵⁷

Success is only expected if the child receives support and encouragement, rather than authoritarian discipline; the underlying implication of this suggestion is that the process should be one of support, thereby placing the child at the centre of the experience. Advice such as this, which constructs the child as having greater power within the process, also suggests that medical understandings are shifting along similar lines to parental practices of weight control for children. However, greater power and authority within such situations also implies an expectation that children will take responsibility for their own actions, and for the consequences thereof.

In most instances, the processes by which children are taught to, or learn to, take responsibility for things such as their diet are hidden within personal day-to-day encounters between children and those adults that seek to shape their behaviour. However, there is one arena in which these encounters are overtly discussed, worked on, and shaped: the sphere of health education in schools. Within school-based health education, one can trace self-conscious attempts to develop techniques of managing the self, and so it provides an interesting area through which this process can be viewed. In part, this builds on some of the trends described in Chapter 1, whereby programs which informed the public about food, diet, and health gradually replaced more direct forms of intervention, leaving people responsible for developing their own weight management strategies. There were some reservations about whether it was appropriate for the education system to intervene in the health practices of young people because it was believed, by commentators like Rowntree, that the home and parental influences were of greater import in the eating habits of children.³⁵⁸ Other texts, particularly those aimed at parents, constructed the school as a 'dangerous' place for children's eating habits because children are not under the parents' watchful eye and can sneak extra portions of pudding,³⁵⁹ or because of the poor nutritional quality of school meals in the first place.³⁶⁰

³⁵⁷ Taitz, *The Obese Child*, p.241.

³⁵⁸ Frank Rowntree, *Walk Right In*, BBC Sheffield, 1972, <http://catalogue.wellcome.ac.uk/record=b1727767~S3> accessed 19th June 2012.

³⁵⁹ Ashcroft and Owens, *Watch your Child's Weight*, p. 20.

³⁶⁰ *Ibid.*, p.23.

However, despite these reservations, the role of schools as sites of behavioural modification in health practices was eventually accepted and enthusiastically adopted. Indeed, by the mid-1990s schools were the central platform through which public agencies sought to influence and shape the consumerist nature of children tastes in favour of healthy eating choices.³⁶¹ Health professionals did not always agreed upon how these understandings of weight, diet, and health were best disseminated, but two features did tend to dominate. The first feature of education on diet and health that was almost always included was that children's experiences should be rooted in positivity: "All health workers must do their part to make health experiences as pleasant as possible for people to maintain an interest in health."³⁶² It was important that children enjoyed learning about health (particularly healthy eating) as this would encourage them to adopt these practices in the long term. The second feature of health education in schools, which gained prominence during the 1970s - within the wider context of health education to the general public - was the use of behavioural modification techniques to alter their own diets. A discipline imported from the USA, this focused on the individual as an 'active participant', rather than passive actor, in the process of dietary change; central to behaviour modification was a cognitive change which induced people to alter their habits.³⁶³ In the UK, adoption of these techniques, which were felt to be akin to advertising, was considered a little more controversial, as this 1977 *Basic Health Education* guide illustrates:

People can have all sorts of relevant knowledge and skills but succumb easily to all sorts of temptations (smoking, over-eating, under-exercising) which may be incontrovertibly unhealthy. Here the role of the teacher is more problematic. It might be easy enough to adopt *conditioning* procedures which frighten people away from certain habits (e.g. intensive programmes of lectures, films, hospital visits calculated to induce horror of lung cancer and therefore of smoking). It is also possible to *indoctrinate* people by a combination of personal charisma, the careful selection of

³⁶¹ *Eating For Health: A Diet Action Plan for Scotland*, (Edinburgh: The Scottish Office, Her Majesty's Stationary Office, 1996), p.4.

³⁶² Muriel Bliss Wilbur, *Educational Tools for Health Personnel* (New York: The MacMillan Company, 1968), p. 12.

³⁶³ An early American example of this is Phillip Kotler, 'Social Marketing of Health Behaviour', *Marketing Health Behavior: Principals, Techniques and Applications*, ed, Lee Frederiksen, Laura Solomon and Kathleen Brehony, (New York: Plenum Press, 1984).

transmitted information, a subtle pressurizing to see one way of life as more desirable than another.³⁶⁴

Despite the discomfort expressed here about a more ‘Americanised’ approach to health education, which cajoles, pushes, and pressurises people into adopting a lifestyle designated as ‘healthy’, the approach taken by health education material for school teachers does seem to employ many of these conditioning procedures and subtle pressures to alter behaviour. However, this process of subtle conditioning can often conflict with the professed intention that health education in schools should be rooted in a positive outlook on food and eating. The remainder of this chapter explores the implications of this tension and the potential impact that this had as children were increasingly encouraged to feel responsible for the food that they consumed.

In the late 1980s and early 1990s, there was a proliferation of textbooks, booklets, and activity packs on ‘healthy lifestyles’, which were based on the recommendation that teachers should adopt a positive and holistic approach to health education.³⁶⁵ These materials offer an insight into the ways that children were being encouraged to adopt ‘healthy eating’ processes of self-regulation. At each stage of school, children were introduced to different techniques of analysing food and the way that they eat: for example, for children aged 6 or 7 it was recommended that teachers “introduce early ideas on limiting the fat, sugar and salt in our diets”. As part of this, children were encouraged to think about who tells them what to eat (parents, dinner ladies, the ‘ad’ men) and, within the context of this discussion, it was suggested that teachers get the children to think about times when they are able to embrace “choosing for myself”.³⁶⁶ Embedded within this activity seems to be the hope that children would learn to deconstruct the idea that the people who told them what to eat were right, thereby facilitating children to view themselves as responsible for what they ate.

By the ages of 8 or 9 children were to be introduced to more sophisticated approaches to analysing food consumption; in one instance, an activity is introduced where the class is asked to design an advert for a ‘chocolump’ bar for a company trying

³⁶⁴ Vincent L. Irwin and Michael Spira, *Basic Health Education* (London: Longman, 1977), p. 5.

³⁶⁵ For discussion of the positive health education approach see, Don Nutbeam, Leif Aar, and John Catford, ‘Understanding Children’s Health Behaviour: The Implications for health promotion for young people’, *Social Science of Medicine*, vol. 29, no. 3 (1989), pp. 317-325.

³⁶⁶ *Health for Life 1: A Teacher’s Planning Guide to Health Education in the Primary School*, (Health Education Authority, Thomas Nelson and Sons, 1989), pp.70-73.

to sell it as a health food bar. The intention of this activity was, seemingly, to encourage children to think critically about the ways that companies might try to sell a product to them, and the kinds of phrases that it suggested were most likely to come up were: 'low calorie', that it is 'good for you' or that 'thin' and 'glamorous people' eat them.³⁶⁷ Young children's understandings of health were, seemingly, expected to rely on discourses of calories, 'glamour' and 'thinness', although it is not suggested within these materials that these discourses should be questioned. Notably, what was expected to be absent from these children's discourse is that healthy food will be enjoyable - or taste nice - which again isn't challenged within the material. This implies a certain disconnection between the desire that enjoyment of food should underpin all health education that occurs in schools; rather, critical analysis of the messages that surround them regarding food, health, and wellbeing seems to be the focus of such exercises.

By early secondary school (ages 11-14), this level of critical analysis was deepened again, as it was recommended that children examine food labels so that they learn which foods contained 'bad' levels of sugar, fat or salt.³⁶⁸ Alongside the dissemination of scientific ideas of nutrition, was the implication that what they learnt might differ from their parent's understandings of healthy eating:

There has been a lot of confusion over healthy eating guidelines because they have changed over the years. There are two good reasons for them to change. Firstly, with all the research done into food and disease we now know far more about the harmful effects of eating too much fat, particularly saturated fat, and the benefit of the fibre we get in starchy foods such as bread and potatoes.

The second reason is that we have changed. We are eating less than 30 years ago, mainly because we are not as physically active and don't do as much manual work. The balance in our food has also changed: we are eating the same amount of fats but much less starchy carbohydrates like

³⁶⁷ *Health for Life 1*, p. 94.

³⁶⁸ Graham Davies and Elizabeth Williams, *Health Education for Key Stages 3 & 4: A Handbook For Teachers* (Simon and Schuster, 1994), p. 168.

bread. In fact, we are eating about half the bread now compared to 30 years ago, so the balance between fat and starchy food has gone wrong.³⁶⁹

The purpose of emphasising how advice on nutrition might have changed over the past 30 years might have been to encourage children to challenge their parent's ideas on what a 'healthy diet' consists of. In such cases, health education in schools might also be viewed as 'inverting' the traditional flow of knowledge from parent to child by encouraging children to teach their parents these 'new' ideas. However, inverting the traditional parent-child relationship could also place new and unique pressures on the child to be the source of change within the family.

Educative tools, such as food dairies, were used at each of the stages of the education process, and, despite the wide age range that they were aimed at, the structure and purpose of these dairies remains relatively consistent. *Jimmy On The Road to Super Health* is aimed at children of 11 or 12 years, and is relatively typical in its approach. Like other guides, it emphasised the need for a positive approach to health education, while also emphasising that the material should be about helping children develop decision-making skills that would improve health behaviours. It stated that:

Pupils should be thinking critically about the amount of sugar which they consume daily from sweets, soft drinks, cakes, biscuits, chocolate and other non-essential 'fillers' and the amount of fried foods that they choose to eat.³⁷⁰

To facilitate this, the guide suggested that the teacher go around the room asking each child what they had for dinner. Afterwards, the teacher should give the class the opportunity to comment on the healthy and the unhealthy foods that members of the class have been eating, and make suggestions as to foods that should be avoided. The purpose of this would be, conceivably, to help children develop this critical awareness - or a process of self-monitoring whereby they are critical of what they, and others around them, are eating. Such an approach is problematic for two reasons. Firstly, because it endeavours to single out particular children for their eating habits; the

³⁶⁹ Ibid., p. 171.

³⁷⁰ *Jimmy on the road to Super Health: An across the curriculum approach to health education for the upper primary school*, (Glasgow: Jordanhill College of Education, 1984), p. 40.

children that were most likely to be singled out were those from working-class backgrounds whose parents were more likely to be unable to afford 'healthy' foods. As a consequence, the guidance contravenes the belief at this time that schools should attempt to minimise class differences between children (through phenomena like school uniforms), as this activity might well serve to highlight such difference. The second problem arises from the public exhibition of one's eating habits is that, admitting to a high consumption of 'unhealthy' foods in the context of it being judged, could well lead to feelings of social embarrassment, shame and guilt. Certainly, contemporary research on schools with 'lunchbox surveillance' programmes reported similar feelings being cited by children at those schools.³⁷¹ Also, the guidance suggests that the purpose of the experience would be to encourage the child to eat differently in the future, which assumes that at ages 11 or 12 children can dictate what they eat for their evening meal.

Another exercise, this time aimed at children aged between 8 and 9, was that they keep a food diary for a week. At the end of the week the children should divide everything they ate into two categories: the first included fruit, cereals, pulses, vegetables; whilst the second included 'fatty' foods, sugary foods and drinks, as well as salt. Afterwards, the teacher could suggest that each child makes a personal 'Eating for Health Contract' in which they promise to avoid those foods in their 'unhealthy' chart for a period of time. The teacher's guide also suggests that talking about these promises together as a class might help the children keep the contract, both at school and at home, but at least they should report back to the rest of the class how well they did at the end of the programme.³⁷² Several consequences to this exercise were likely, some intended, others less so. Firstly, the exercise requires children to develop dichotomous understanding of foods, they become either 'healthy' foods which are 'good', or 'unhealthy' and to be avoided. Secondly, by asking children to sign a binding agreement in which they say that they will not eat their 'unhealthy' foods, considerable pressure is being placed upon the child to decide what they eat, despite the fact that they are unlikely to be able to make such decisions at the age of 8 or 9. Finally, the 'reporting back' stage means that children will be aware and self-conscious of the foods they eat in

³⁷¹ Deana Leahy, 'Disgusting Pedagogies', in *Bio-politics and the Obesity Epidemic*, ed Jan Wright and Valerie Harwood (London: Routledge, 2009), p. 179.

³⁷² *Health for Life 1: A Teacher's Planning Guide to Health Education in the Primary School*, pp. 105-106.

the intervening week, and may fear the emotional consequences of not sticking to the 'plan'.

Christina Halse has written on how contemporary healthy eating policies are developed partly to pressure parents 'from below'; to use children to persuade their parents to adopt a different (healthier) diet.³⁷³ From the examples outlined above, one can see how the intention of such activities was to encourage children to develop self-regulatory food practices from early childhood, to turn the population into 'bio-citizens'.³⁷⁴ However, one can also perceive the innate tensions that this could foster within young children's relationships with food and eating. By encouraging children to become critical of the food that they eat, and to frame this within a dichotomous discourse, food becomes 'healthy' or 'unhealthy' (or by proxy 'good' and 'bad'); and under these circumstances, fostering a positive relationship with food and one's own body could be challenging. Within the approaches developed in the late 1980s and 1990s, which were intended to foster promote healthier eating through techniques of governance, one can begin to see the emergence of certain paradoxes in contemporary health education.³⁷⁵ In particular, it placed the pressure for altering familial eating habits on children, despite the limited agency they might be able to exercise. It also served to facilitate a dichotomous relationship with food, whereby food was presented as 'good' and 'bad', rather than viewing eating as something that could be varied and enjoyable, whilst also lacking social sensitivity for children who might not be able to afford certain foods considered 'good' for them.

Conclusion

Broadly speaking, there are three stages to the story of childhood obesity from 1940 to 1995. Stage one begins with a push by public health professionals and the medical profession to reconstitute popular understandings of children's and adolescent bodies into the established adult frameworks of overweight and obesity. To achieve this,

³⁷³ Christina Halse, 'Bio-Citizen Discourses and the Birth of the Bio-Citizen', *Bio-politics and the Obesity Epidemic*, ed Jan Wright and Valerie Harwood (London: Routledge, 2009), pp. 51-52.

³⁷⁴ *Ibid.*, p. 54.

³⁷⁵ It has been suggested by some authors that healthy eating campaigns in schools can also foster negative self image amongst children by increasing existing anxieties around body weight and body shape. See Natalie Beusoleil, 'An Impossible Task?', pp. 97-100.

appeals were made to modernity and 'scientific' understandings of children's bodies, which suggested that larger children became fat, unhealthy adults – an explanation that was drawn in direct contrast to the traditional belief that plump babies were also healthy, happy babies. Given the advice literature's persistent attempts to re-define the 'bonny' baby as an attitude residual of yesteryear, it seems that these popular constructions of the bodies of infants were, nevertheless, hard to redefine. In older children, however, there was greater success in defining children's bodies within the framework of overweight and obesity. Much of this success relied on the ways in which 'plumper' children were defined as unhappy, unsuccessful and lonely within popular culture. As with the adult population, gender was a great divider in the issue of weight loss, and girls were understood to be at a greater disadvantage than their male counterparts. For girls, the discourse was one of stunted and frustrated development as their weight would, it was suggested, hold back their personal ambitions, of finding a boyfriend, getting married and having children themselves. Without these landmarks of adult life, overweight girls became stunted at a certain stage in their lifecycle, unable to progress into adult life with their slender peers.

Boys' overweight was viewed within a different context, and the explanations for its existence, fit more comfortably into the explanatory framework of the second 'stage' of the history of childhood obesity between 1940 and 1995. Stage two focuses on the way that women were held responsible for the body weights of their children. Naturally, for this to be successful the child needed to be definable as overweight; and overweight also needs to be constructed within a negative understanding of the child or adolescent body. As illustrated in stage one, this negative framework was easily established for girls, for whom there was a widely understood and accepted social and personal disadvantage to overweight; for boys, their overweight continued to be understood largely within physical boundaries. The medical and health disadvantages of overweight were often married with a description of the difficulties that boys might experience when competing physically - at school sports days, for instance. As an encouragement for mothers to enact dietary change, overweight in children was presented as the result of the mother's behaviour - particularly in the case of overweight boys.

Two explanations were offered for the existence of overweight in children, the first was often an externally imposed explanation, which was often directly related to

social class and implications of neglect and poor childcare. In particular, it was women of the 'poorer classes' who did not pay proper attention to their children, perhaps leaving them on their own while they work or 'go out', meaning that the children, who were feeling lonely and neglected, also had no proper supervision over what they are eating. The second explanation was perhaps most commonly used within the literature, as it was also the explanation that women themselves were expected to identify with. The film *A Cruel Kindness* most neatly summarises this explanation; it suggested that women, mistaken in their belief that a larger child was a healthier child, overfed their children. Within this framework for the causation of obesity, women were emotionally illiterate, and used food - rather than physical affection - to express their emotions. In their desire to show their love for their children, mothers unintentionally made their own children overweight. Whilst the first explanation may rely on more overt class judgements, the second is also imbued with social class associations implicated by the perceived deficiencies in nutritional knowledge, education, and emotional intelligence. Explanations such as these are at the root of the now established class-based distinctions of body weight that first began to emerge in the post-war period. For mothers, managing their children's weight required them to develop new forms of governance; only through controlling their own emotions and teaching themselves new 'healthy eating practices' could they hope to 'cure' their children.

The third and final 'stage' illustrates the widening net of responsibility for childhood overweight and obesity - once it had been established as a major social 'problem' that needed to be considered in a society-wide context. Widening this net has the consequence of partially relieving women from the entire responsibility of the weights of their children, as other culprits begin to be foregrounded. From this, we see the development of the linguistic phenomena of 'junk' food - food perceived to be of no nutritional value - that is sold by profit-seeking organisations who advertise to naive young children. However, the framework under which this explanation operates goes against the general tide of weight management regarding children. By the latter part of the 1980s, for parents (and those doctors dealing with children) the management of weight was constructed as a more collaborative affair, with children and parents negotiating the boundaries of eating and food habits together. Notions of parents 'curing' the fat child were no longer perceived to be realistic, because without the consent and proper engagement of the child, true change not considered viable. The

wider implications of this were that parents were expected to give children greater agency within the adoption of healthy lifestyle and, on the other hand, children were expected to take on greater responsibility within this newly defined power relationship.

Alongside parents it is clear that the state, through health education in school, was promoting the development of technologies of the self, as the child was encouraged to think self-consciously about their food intake within the confines of health eating practices. Agency alongside greater responsibility, as promoted from the 1980s onwards, raised perceptible problems for the child. It encouraged a response to food and eating habits within a dichotomous relationship where there was an internalisation of the negative 'failures' to live by the healthy eating rules - and this was instilled in children from a young age. As a consequence, for children, food became about a series of dichotomous absolutes, which echoed those frameworks of food, healthy eating and perceptions of one's own body that their parents and grandparents before them, may well have recognised.

Chapter 4: Women, Femininity, Weight loss

and the Creation of the Ideal

It didn't show in tweeds. It didn't show in summer dresses. It scarcely shows in shorts. But it'll show when you peel right down to a bathing suit - the fact that you have put on six or eight pounds since the last summer. Your first run down the beach to the water will be an hour of revelation.³⁷⁶

Fear of exposing one's body to the critical eye of others fuels much of the motivational discourse in women's weight management literature. Peeling off the layers of clothes also requires the unravelling of layers of psychological comfort to expose the most intimate aspects of the self. In this description of the first summer trip to the beach, the exposure of one's body is intimately connected to the exposure of failures of the self, most notably a failure to regulate one's diet leading to the shame of bodily imperfection. The biblical references to an "hour of revelation", when wearing a swimsuit in public for the first time, underlines the perception that this is not an experience undertaken lightly, nor without an understanding of the moral implications that are imbued by a failure to regulate one's body shape. Weight management literature targeted at women between the years 1950 and 1995, constructed the dieting project as serious affair, and the shame that such statements were intended to engender are a potent reminder of the self-consciousness that women were expected to feel.

The following chapter analyses some of the ways that dietary advice constructed weight as inhibiting the 'true' self, and so the processes behind weight loss and self-governance were not simply about altering the appearance of one's body; instead they were a project of self-improvement that led to a reinvention of the self. Weight management processes have been labelled as an archetypal neo-liberal affair that enables people to radically alter themselves, but only through changes made on an individual level. Therefore success is perceived as a triumph of individual personality

³⁷⁶ Anne Scott-James, 'That swimsuit figure', *Scottish Sunday Express*, Sunday 5th June 1955, p. 6.

but, likewise, any failure can be accounted to individual faults.³⁷⁷ Promises of reinvention are consistently powerful within the dieting canon; however, there were subtle changes to the reinvented, 'slimmed' self over the last fifty years of the 20th century. Nicolas Rose has posited that there are three governmental techniques for relating to the self. These are, epidemiologically (knowing), despotically (mastering), and caring for yourself. As Rose states, these ways of relating to the self are:

... embodied in particular technical practices (confession, diary writing, group discussion, the twelve stops programme of alcoholics anonymous). And they are always practised under the actual or imagined authority of some system of truth and of some authoritative individual, whether these be theological and priestly, psychological and therapeutic, or disciplinary and tutelary.³⁷⁸

Engagement in slimming activities often requires the adoption of these embodied technical practices, such as keeping a food diary or attending a support group like Weight Watchers. However, the way of relating to these techniques does alter over the period 1950 to 1995; from an expectation that one learns to master one's impulses, to the adoption of practices that are based on caring and knowing oneself, for instance, developing an emotional awareness around eating habits. However, despite the more holistic approach towards dieting - that emphasised knowing one's emotions and caring for the self by acknowledging the presence of emotions - the advice that filtered down retained a strong emphasis on the self as the central figure of 'success' and 'failure' within slimming endeavours.

Examining the social meaning ascribed to women's weight is, as discussed at the beginning of this thesis, an established academic field. Most historical treatises on dieting women remain embedded within a framework that critiques the slender ideal, and the history of dietary restriction amongst women becomes a tool for explaining the antecedents of contemporary ideals of the feminine body. Three historical periods are most often pinpointed as important in the development of the slender body shape ideal. Peter Stearns has suggested that Victorian asceticism, and a belief in the value of

³⁷⁷ For further discussion of this, see the introduction of this thesis.

³⁷⁸ Nikolas Rose, 'Identity, Genealogy, History', *Questions of Cultural Identity*, ed. Stuart Hall and Paul du Gay (London: Sage Publications, 1996), p. 135.

personal techniques of self-control, resulted from an upper-middle class reaction to the 'over availability' of food and the rising weights of the population, lead to the reification of a slender body shape.³⁷⁹ For other writers, such as Allan Mazur, the 'boylike' frame and 'fragile delicacy' which imbued the flapper fashions of the 1920s indicated a central cultural shift, which saw the thin frame become a uniquely feminine body fashion.³⁸⁰ Stearns and Avner Offer have both suggested that the 1960s was the point where the permanent re-emergence of the slender ideal (after a brief celebration of a more curvaceous body type in the 1950s) took on a highly politicised edge. Women, in the 1960s, were beginning to break down gender barriers by entering into the labour force and education en masse, thereby challenging existing gender roles, and as a consequence increasingly rigid forms of 'body work' were introduced - as a way of distracting women from their social, political and economic advancement.³⁸¹

However, despite interest in the political history and the implications for dieting women, two notable gaps in the historiography remain. These two gaps form the basis of the present and the following chapter; the first gap is the lack of work that accounts for the impact of feminist critiques of dieting culture in the late 1970s. The second, which will be discussed in Chapter 5, is the absence of work considering how these dieting cultures have interplayed with the construction of feminine identities throughout the lifecycle, during the period 1950-1995. Motivational discourses are considered particularly important within this chapter, because they offer an insight into the reasons that women may have had for their continued interest in dieting, despite the evidence (and likelihood of personal experience) that diets are ineffective. Understanding the reasons why women continued to diet helps to recast dieting women, from docile entities deceived by the patriarchal system, to women engaging with powerful ideological narratives that helped to construct aspirational versions of the self.

Three magazines, alongside commercially produced books on weight loss aimed at women, form the main source material for this chapter; these magazines are: *Jackie*, *Cosmopolitan*, and *Good Housekeeping*. The now defunct *Jackie* was a weekly magazine

³⁷⁹ Stearns, *Fat History*, pp. 1-5.

³⁸⁰ Allan Mazur, 'U.S. Trends in Feminine Beauty and Overadaptation', *Journal of Sex Research*, vol. 22, no. 3 (1986), pp. 287-8.

³⁸¹ For a more extended discussion of this please refer to the introductory chapter of this thesis, or Avner Offer, 'Body Weight and Self-Control in the United States and Britain Since the 1950s', *Social History of Medicine*, vol. 14, no.1 (2001), pp. 95-96; or Stearns, *Fat History*, pp. 71-2.

aimed at adolescent girls aged 13-16, published by the Dundee firm, DC Thompson, between the years 1964 and 1993. For a period of thirty years, *Jackie* dominated the teenage girl magazine market and, at its peak in 1978, it had a weekly circulation of 605,000, which means it was a key media influence in the lives of many young women of the period.³⁸² *Jackie's* dominant position in the teenage magazine market during this period means that it has already received scholarly attention, most notably Angela McRobbie's research on teenage femininity. Her broadly feminist interpretation of the magazine focused on its role within the construction of a young female identities; McRobbie focused particularly on the role that romance played within the process of female identity formation. Romance was perceived as problematic by McRobbie because it failed to offer young women interests outside of finding a boyfriend, often referred to as a 'steady'. *Jackie's* conservatism, particularly in regards to the limited roles it offered young women, was identified by McRobbie as one of the main reasons for its declining popularity in the late 1980s.³⁸³

Cosmopolitan, the second magazine sampled for this chapter, was first published in the UK in 1972. The launch of the British version loosely coincided with a significant editorial shift in the magazine's American version, which saw it transformed from a women's fiction magazine to a more politically engaged publication that covered topics central to the women's liberation movement. Controversial, for the period, articles on rape in marriage and domestic violence were included alongside issues with a more day-to-day focus such as the enjoyment of sex outside of marriage and career advice for aspiring professional women.³⁸⁴ Throughout the period *Cosmopolitan* maintained a prime position in the market of women's magazines and, in 2012, it had an estimated readership of 1,430,000.³⁸⁵ Its engagement with more self-defined feminist issues in the 1970s and 1980s led it to ban the promotion of diets for weight loss, in the wake of *Fat is a Feminist Issue* published in 1978. Consequently, its approach towards dieting and weight loss is notably different to the other two publications. Towards the end of the period that this study considers, dieting and weight loss do

³⁸² Angela McRobbie, *Feminism and Youth Culture: From Jackie to Just Seventeen* (London: MacMillan Education, 1991), p. 81.

³⁸³ *Ibid.*, chapter 5, esp. pp. 182-186.

³⁸⁴ Katherine McMahon, 'The Cosmopolitan Ideology and the Management of Desire', *Journal of Sex Research*, vol. 27, no. 3 (1990), p. 382.

³⁸⁵ Figures for estimated readership taken from <http://www.hearst.co.uk/magazines/Cosmopolitan/5-magazine.htm> accessed 26th June 2013.

begin to feature more prominently within the magazine once more. Nevertheless, *Cosmopolitan* does provide an interesting counterpoint to the more conservative and traditional approaches towards weight loss and body shape offered by *Jackie* and *Good Housekeeping*.

The only publication that was published for the entire duration of this study was *Good Housekeeping*; the first UK edition of *Good Housekeeping* was released in 1922, although it was originally founded in the US in 1885. Historically, the circulation of *Good Housekeeping* has indicated that it was the most widely read monthly women's magazine in the UK. During the 1950s it had a circulation that hovered at around 200,000, increasing to around 350,000 during the 1970s and 1980s.³⁸⁶ By 2012 its relative prominence had fallen slightly, making it the second mostly widely read monthly women's magazine in the UK,³⁸⁷ currently it has a circulation of over 400,000.³⁸⁸ Its focus on interior design, child rearing (or caring for grandchildren), indicates that it was aimed at women from younger middle-age onwards; currently its median readership age is 53.³⁸⁹ *Good Housekeeping* remained largely silent on many of the most prominent issues of women's liberation that might have affected its readership, such as marital rape, domestic violence, and abortion; in some instances it was openly hostile to changes. For example, it opposed changes to the abortion law, stating that it remained committed to 'traditional family values'.³⁹⁰ Similarly, it shied away from openly acknowledging, through the idealised lifestyles it presented, the changing working patterns of women in latter part of the 20th century, and so continued to assume that its readership would be stay at home wives and mothers.

All the magazines were sampled at five year intervals from the earliest point possible; for *Good Housekeeping* this means that samples were drawn from 1950 onwards; for *Cosmopolitan*, samples were taken at five yearly intervals from 1975 onwards, with an initial sample drawn from 1972. The first sample of *Jackie* was also

³⁸⁶ Lydia Martens and Sue Scott, 'The Unbearable Lightness of Cleaning; Representations of Domestic Practices and Products in Good Housekeeping Magazine (UK) 1950-2001', *Consumption, Markets and Culture*, vol. 8, no. 4 (2005), p. 399. http://www.magforum.com/glossies/womens_magazine_sales.htm accessed 26th June 2013.

³⁸⁷ http://www.magforum.com/glossies/womens_glossies.htm the most widely read magazine in the UK is thought to be *Glamour* with a circulation approaching 600,000.

³⁸⁸ <http://www.hearst.co.uk/magazines/Good+Housekeeping/5-magazine.htm> accessed 26th June 2013.

³⁸⁹ <http://www.hearst.co.uk/magazines/Good+Housekeeping/5-magazine.htm> accessed 11th July 2013.

³⁹⁰ See 'Letter's Page', which had letters requesting that the magazine not include articles that discussed sex, *Good Housekeeping*, vol. 107, No. 5, May 1975, p. 45.

taken in 1972 and subsequent samples for this chapter were taken at five year intervals from 1975 until 1990. Later examples will also be used from *Shout!*, a magazine aimed at pubescent girls, launched by DC Thompson in 1993 - the same year that *Jackie* was discontinued.

The first half of this chapter explores some of the overarching features of weight management and body shape from the period 1950-1995; these are features of women's dieting culture that tend to cut across generational, and temporal, differences. It will discuss, for instance, how the appeal of weight loss, within the literature, is built upon dissatisfaction with the self and the promise of reinvention through weight loss. Motivational discourses for weight loss are also considered as a way of gaining insight into the benefits that were felt to emanate from weight loss. Understanding the motivations that led to weight management are complicated by the fact that it was assumed, within the literature, that most women would be dissatisfied with their weight and seek to reduce it. Therefore, unpicking these motivational discourses offers an opportunity to understand how women's lived experiences of overweight were understood by wider society.

Part two of this chapter considers how the arguments of feminists like Susie Orbach and more radical activists, like the Fat Underground, which published the Fat Liberation Manifesto in 1975, challenged publications to reform the dietary advice they gave to women. In some cases, like *Cosmopolitan*, this advice was actively incorporated into the guidance; whereas in other publications the result of the feminist intervention was more tangential. The more direct references to second wave feminism in *Cosmopolitan*, did not result in a wholly new approach to weight, body shape and health; instead, what one can trace is the metamorphosis of feminist theories on body weight, body shape, and dieting into advice viable for a 'glossy' magazine format. Echoing Chapter 2 it illustrates how a linguistic format that prioritised health over weight loss was adopted, as were socio-psychological explanations for excess weight that were imbedded within a broader discussion of wellbeing. A consequence of this psychological turn is that overweight women, like the overweight children of the 1950s, were increasingly recast as individuals whose weight represented unhappiness, emotional disturbance or an inability to cope with modern life.

While those changes spurred by a gender conscious approach to weight and dieting are persistent in *Cosmopolitan* for a period of time, they also trickle down and

are incorporated (in an further augmented form) into the understandings of body weight offered elsewhere. However, these changes did not represent a wider cultural shift in the way that the benefits of weight loss were constructed, nor the negative way that the overweight individual was expected to feel about their weight, which remained consistent over the period. The uniformity of these ideals might be a consequence of the commercial nature of many of these sources, which were required to establish the negative consequence of weight, and the transformative effects of weight loss, so that they maintained a consistent consumer base.

The dominance of commercial material in this chapter is a consequence of the way that women's weight management was constructed as a matter of aesthetics rather than health. While men and children were the subject of state sponsored booklets and information campaigns during this period, women were rarely the intended audience in their own right, unless they were pregnant or breast-feeding - both of which were considered distinctive periods requiring different eating habits. In material produced by the state or the medical profession, weight loss in wives or mothers, due to altered familial habits for the benefit of one's children or partner, was presented as a pleasant additional benefit rather than an aim of the advice itself. Therefore, for many women, commercially produced material on weight loss would have been their best source for advice. However, because these discourses are derived from commercial materials, advice tends to focus on the perfection of perceived imperfections of the body rather than changes made for improved health.

Measuring Up: Advice on ideal weights and the expectations of body shape on women

Obesity, as a medicalised label of ill health and a marker for excess weight, is a focal point of this thesis, although, it will become evident from this chapter that women's weight was not constructed within the framework of obesity. Women's reasons for weight loss were consistently constructed within a personal and social framework, with aesthetic problems (which symbolised being held back in other areas of her life) at the forefront of motivational reasoning. Diets were offered as a way for women to achieve an idealised version of themselves, and so the physical ideal was based, not on medical

definitions of weight, but on social and personal imperatives; which led to notable differences between medical, and popular (feminised) techniques for evaluating the body.

As part of the socio-cultural explanation for eating disorders, it has become common to link the decreasing weights of fashion models over the past fifty years to increased prevalence of eating disturbance in young women. It is argued that the pressure on women to conform to a slender ideal has increased since the 1950s, but particularly since the 1970s, as a result of the representation of women's bodies in the mass media. Morris, Cooper, and Cooper's work on the measurements of British female fashion models, between the period 1967 and 1987, suggest that the body shapes of working models were becoming more 'tubular' and less curvaceous;³⁹¹ whilst USA based studies of female *Playboy* centre folds, Miss America contestants, and women's fashion magazines have suggested that the bodies of women became more slender between 1950 and 1980, and have remained at this low level (or become slimmer) since 1980.³⁹² These articles suggest that low-weighted ideals are linked to the growth of eating disorders and body dissatisfaction in young women, because they offer unrealistic portrayals against which women have tried to measure themselves.

However, while idealised bodies - as represented within the mass media - may have been shrinking, the ideal body weights that women were expected to adhere to have, in fact, increased since 1950. Ideal weight tables, when they appear in the guidance, are useful way of understanding the body weights that women were expected to adhere in to their everyday lives. Below is a table that includes ideal weights for women printed in 1950 by *Good Housekeeping*, alongside a weight range printed in *Jackie* in 1975, and a BMI weight range taken from a chart produced by the British Heart Foundation (BHF) in 2009. It should be noted that these sets of weights cannot be directly compared; those taken from 1972 do not specify the age range that they are aimed at, whereas those by BHF and *Good Housekeeping* are specifically for adults. In addition, the way that weight bands are categorised are different, 'chubby' and 'plain plump' are certainly not categories currently used for BMI. Despite the difficulties of comparing these weight ranges, they can be used illustratively, and they do suggest that women's bodies were traditionally expected to fit into a much narrower

³⁹¹ Abigail Morris, Troy Cooper and Peter Cooper, 'The Changing Shape of Female Fashion Models', *International Journal of Eating Disorders*, vol. 8, no. 5 (1989), pp. 593-596.

³⁹² Wiseman *et al.*, 'Cultural Expectations of Thinness In Women: An update', pp. 85-89.

framework. It can be seen from table 4.1 that there are some considerable differences between the 'ideal' body weights suggested in 1950, 1975 and then 2009. The lower values of the ideal and healthy weight categories, under which women are classified as underweight, are roughly consistent for these sets – suggesting little movement in the way that underweight has been classified for this period. However, the way that overweight has been classified has shifted; for instance, in 2009 a woman of 5ft. 8 would be 'healthy' if she were to weigh 12st. Whereas, in 1975 the same weight would have seen her categorised as plain plump, and in 1950 she would have needed to weigh 2st. less to be considered at her ideal weight. Or, to take another example, a girl of 5ft. 5 would be considered to be at her ideal weight if she weighed between 8st.2 and 9st. 1, yet in 2009 this would represent only half of her potential 'healthy' weight range. Therefore, while the average weights to height ratio of models may have been decreasing throughout this period, the range of acceptable weight for women actually increased; often to over twice that of the 1975 range. While it would be unwise to try and draw too much from this comparison alone, it does indicate that there has been a widening of what is considered an acceptable body weight in women.

A further example that supports this argument can be drawn from an article in the *Scottish Sunday Express* in which the author described a conversation with her friends about their weight:

'I was so *terribly* fat I felt that I had to do something about it,' Mrs. Mitchell confided in us.

'How fat?' Asked somebody.

'Nine stone something' murmured Mrs Mitchell. 'It really gave me an inferiority complex'.³⁹³

By contemporary standards, an individual would need to be quite short for a weight of nine stone to be considered obese, yet the description of her weight here, constructs is as to be ashamed of, which would suggest relatively different social standards regarding ideal weights at this time.³⁹⁴ Examples such as this do seem to indicate a relaxation of

³⁹³ Veronica Papworth, 'Cash – that's the certain incentive to slim...', *Scottish Sunday Express*, 20th March 1969, p. 19.

³⁹⁴ A further example of this can be seen in the 'entry requirements' for the 'Fat Girls Club' – this organisation was established in the late 1950s to help 'larger' women with emotional and practical issues

the boundaries of the body shapes that were expected of women during the period 1950-1995.

Height	1950	1975	2009	1975	2009	1975	2009
	'Upper Ideal'	'Your ideal weight'	'Healthy'	'Chubby'	'Overweight'	'Plain Plump'	'Obese'
4ft. 11in.	8 st.	6st 11- 7st 7	6st. 9 - 8st. 11	8st.4	9st. 2 - 10 st. 10	9st.	11st. +
5ft.	8 st. 2	6st. 13 - 7st. 10.	6st. 13 - 9st. 6	8st. 8	9st. 11 - 11st. 5	9st. 4	11st. 9 +
5ft. 1in.	8 st. 4	7st. 3 - 7st. 13	N/A	8st. 10	N/A	9st. 7	N/A
5ft. 2in.	8 st. 6	7st. 5 - 8st. 3	7st. 8 - 9st. 11	9st.	10st. 1 - 12st.	9st. 11	12st. 4 +
5ft. 3in.	8 st. 11	7st. 8 - 8st. 6	N/A	9st. 4	N/A	10st. 2	N/A
5ft. 4in.	8 st. 13	7 st. 12 - 8st. 11	7st. 12 - 10st. 6	9st. 9	10st. 10. - 12st. 8	10st. 7	12st. 13 +
5ft. 5in.	9 st. 2	8st. 2 - 9st. 1	8st. 3 - 11st.	9st. 13	11st. 5 - 13st. 3	10st. 12	13st. 8 +
5ft. 6in.	9 st. 6	8st. 5 - 9st. 6	N/A	10st. 4	N/A	11st. 3	N/A
5ft. 7in.	9 st. 10	8st. 9 - 9st. 9	8st. 7 - 11st. 5	10st. 8	11st. 9 - 13st. 12	11st. 7	14st. 2
5ft. 8in.	10 st.	8st. 13 - 9st. 13	9st. 2 - 12 st.	10st. 12	12st. 4 - 14st. 7	11st. 12	14st. 11 +
5ft. 9in.	10 st. 3	9st. 2 - 10st. 3	N/A	11st. 3	N/A	12st. 3	N/A
5ft. 10in.	10 st. 7	9st. 6 - 10st. 7	9. st 6 - 12st. 8	11st. 7	12st. 13 - 15st. 2	12st. 8	15st. 6 +

Table 4.1: Table to show the comparative weight values from Good Housekeeping (1950) Jackie (1972) and the British Heart Foundation (2009). Source: 'Motherhood and the Slimline Figure', Good Housekeeping, January 1950, vol. LVII, no. 1, p.64; 'Ingrid', 'You Are What You Eat: New Shapes for Old', Jackie, March 22nd 1975, No. 585, p.6; 'Your BMI- British Heart Foundation', <http://www.bhf.org.uk/bmi/home.html> accessed 16th July 2013.

Current weight loss advice tends to rely on BMI to categorise weight. Given the importance that this marker has within contemporary body weight discourses, it could seem odd that the earlier version of BMI, namely height and weight charts, were not commonly used in the literature. The reason for this is that alternate methods of judging one's body were offered; these relied on self-perception developed by looking

that arose from being an unusually large size. Its requirements were that women who wanted to join needed to have a hip size greater than 41ins; current estimates suggest that the average hip size of women in the UK currently stands at 40.5 ins. Hip measurement that was once considered to be sufficiently abnormal to warrant its own support group now be roughly equates to the average measurement of UK women. This also highlights that, on average, women's body shapes have been increasing; it does nevertheless also point towards the range of acceptable body shapes expanding as well. http://www.fashion.arts.ac.uk/media/lcf/documents/sizeuk_full_download.pdf accessed 17th July 2013.

at oneself in the mirror. By doing this it was suggested that women could analyse their aesthetic appearance against their own expectations, and the expectations of others, as illustrated in the following 1972 article from *Jackie*:

Don't waste time, or hope to gain confidence by looking at a 'perfect weight' chart. They're almost all devised for people over twenty-five, and everyone differs so much in build it's a hopeless task trying to predict what everyone should weigh. Take a long, critical look at yourself in the mirror, both with clothes and without. Then you'll really know if you need to lose those pounds!³⁹⁵

Another technique, offered in lieu of medicalised markers of overweight, was whether one felt self-conscious about wearing a bikini or short skirt. Below is a 1983 example from *Good Housekeeping*:

Legs will re-emerge for public viewing this spring. How do you view the prospect? After some time in purdah beneath long skirts or inside long trousers, legs are back in fashion. If years under cover have taken their toll, despair not ... a nicely turned, shapely pair of legs can be yours if you follow the treatment and exercise programme outlined here.³⁹⁶

Embedded within these suggestions that women use their own feelings, or a mirror that might reflect their true feelings, as a guide to whether they should lose weight, is the expectation that social norms should guide women in the management of their body. By recommending such techniques, women's weight management advice was being drawn away from the medicalised discourses that were being established elsewhere; instead they were being firmly situated in a framework that emphasised the modification of the self in small ways for the purpose of aesthetics.

³⁹⁵ 'No weighting!: A Jackie Guide to Slimming' (anon), *Jackie*, no. 427, March 11th 1972, p. 5

³⁹⁶ 'Knees Up' (anon), *Good Housekeeping*, March, vol. 127, no. 3, 1985, p. 115.

Health's Uncertain Role: The silence of health related discourse in motivations for weight loss

Until the introduction of BMI in the 1980s, techniques that relied on a visual representation of the self remained dominant. Underpinning this was the expectation that weight management would be conducted for reasons of aesthetic change, which belied a broader reinvention of the self. Nevertheless, there are a few occasions where the health implications of obesity are discussed in relation to women. One example of this comes from 'Slimmer's Mirror: A his and hers guide to health and fitness', published in 1982 by the *Daily Mirror*:

Real obesity makes women less fertile and leads to period problems. Childbirth is difficult for them. There is a link between overweight women and diabetes, cancer of the uterus, arthritis, and gall stones.³⁹⁷

Taken from the latter part of the period 1950 to 1995, this represents one of the few instances where women were directly warned about the health implications of overweight. However, it can also be viewed as undermining its own argument in two key ways. Firstly, whilst Penny Burton, the author, does list some medical conditions that have been associated within obesity, she does not mention heart disease, nor the increased risk of heart attacks, which were so prevalent in advice targeted at men. Given that heart disease was considered to be one of the largest causes of premature adult deaths in the UK at this time, the omission of heart disease highlights that the health risks of overweight were understood, and explained, in a gendered way - even into the 1980s when national campaigns about heart disease prevention were underway.³⁹⁸ The gendered split in weight based risk structures is also reflected in another feature of the above quote; whilst men were reminded of their vulnerability to heart disease, the most severe consequence of women's weight was related to their ability to fulfil aspects of a feminine identity, like having children.

³⁹⁷ Penny Burton, 'It's such hard going for women', *Slimmers Mirror: A His and Hers Guide to Health and Fitness*, Mirror Press, 1982, p. 3.

³⁹⁸ For further discussion of heart disease and masculinity, refer to Chapter 6 of this thesis.

References to specific health concerns, like cancer, diabetes, and heart disease are relatively rare within the weight loss literature. However, more vague references to the physical consequences of overweight are discernible, as illustrated in this *Good Housekeeping* article from 1975:



Carrying excess weight around is a drag: like a heavy parcel, it slows you down, holds you back, it saps your energy. So come summer most of us face facts and get desperate enough to do something about it - conscious that it will be good for our health as well as our shape.³⁹⁹

Embedded in such discourses is an understanding of body weight, which suggests that people have an inbuilt or 'natural' weight, and anything above this natural weight is 'othered'. In a similar way to looking in the mirror, but not accepting or recognising the return reflection, weight is, in this instance, constructed as something extra carried around by the individual, rather than something that is experienced as part of their body.

Fig. 4.1: *Sensible Slimming* with T.V. Girl Averil Ames, *A Daily Graphic* and *Daily Sketch* Publication, 1952, p. 28.

Whilst it is not presented as a health risk in the same way that definable diseases are, the focus on weight as a physical drag that inhibits movement and saps energy, does imply that overweight affects people physically. However, references to the effect of weight on one's energy levels and difficulties in motivating women to diet implies something beyond ease of movement; it suggests that excess weight saps emotional strength. Such frameworks are echoed in Joy Compton's 'personal story' included in a slimming tablet advert from 1970:

³⁹⁹ 'Slimdown, Shape Up' (anon), *Good Housekeeping*, vol. 107, no. 5, 1975, p. 223. For other examples of this description of excess weight, see Rosemary Conley and Patricia Bourne, *Rosemary Conley's Hip and Thigh Diet and Cookbook* (London: Century Hutchinson, 1989); p. 10; or Pamela Nottidge and Diana Lamplugh, *Slimnastics* (Angus and Robertson Ltd., 1970), p. 9.

Life was becoming awful – not just for me, but for my husband and three children, too. I wouldn't go out with them. I felt ill and would sit slumped in a chair most of the day. Earlier I had joined the Territorial Army and turned out to be a crack shot. In fact, I became the Kent area champion. The Rifle Halls were quite dark and soon I wouldn't even go in there. Honestly, I was becoming a vegetable.⁴⁰⁰

Whilst Joy refers to her health in the sense that she says she 'felt ill', her description follows the pattern outlined above, because she is not referring to any specific disease but to a general sense of malaise. Indeed, the idea that she didn't feel well (rather than being diagnosed with a condition) is compounded, within the narrative, by her isolating herself within the family home avoiding social contact with others. Or, to take another example, the caption that accompanied the image aside reads 'Unhappy - uncomfortable', it too underlines this association between the physical implications of weight and a negative mental state. Recent work on the weight loss industry argues that adverts tend to avoid implying that weight is the individual's fault, preferring to construct it as the result of external environmental or genetic factors.⁴⁰¹ However, in this example, negative experiences were used as a tool to convince customers of the need to develop their motivation and improve their, previously poor, habits - as was the case in medical approaches to weight management at this time.⁴⁰² Overall, the most significant feature in the way that health and weight were discussed is that health, and physical consequence of (perceived) excess weight, are entangled within the narratives of the emotional and lived experience of overweight women.

⁴⁰⁰ 'They said: "There goes your fatty mum", until I lost 98lbs.' This advert was printed in *Good Housekeeping* throughout the 1970s, although this quote is taken from the advert published in *Good Housekeeping*, April, vol. 97, no.4, 1970, p. 94.

⁴⁰¹ Talya Salant and Heena Santry, 'Internet Marketing of Bariatric Surgery: Contemporary trends in the medicalization of obesity', *Social Science and Medicine*, vol. 62 (2006), p. 247.

⁴⁰² For further discussion of this refer to Chapter 2, which discusses the way that poor body image was used as a tool by the medical profession to encourage women to lose weight.

Daring to bare? The social boundaries of confidence and the role of aesthetics

If we return to the 'Slimmer's Mirror' published in 1982, although it was one of the rare occasions where health was highlighted as a concern for the overweight, the article also contained a much longer section on the social consequence of overweight in women:

Women are still too often valued for their appearance than their achievements. Since it is "normal" to be slim at the moment they are forced by society's cultural attitude to conform to this ideal. Whether it is a good thing or a bad thing is a matter for heated debate but the cruel fact is: if a women doesn't look fairly normal, she will end up being disliked by herself and others... employers view fat women as lazy and stupid, whereas a fat man might be viewed as successful and important so long as he isn't TOO gross.⁴⁰³

Despite the clear gender lines that are being drawn regarding the differences in perceptions of the fat body, there is ambivalence about the social structures that encourage greater disapproval of overweight women. The acceptance of these social 'facts' regarding the disadvantage of women and weight reflects the consequences of overweight, often emphasised in discussions of childhood obesity; however, given that the 'Slimmer's Mirror' was published in 1982, it does suggest that greater social judgement regarding women's weight continued to be expressed openly for much of the period covered by this thesis.

Reasons for wanting to lose weight are considered self evident, perhaps unsurprisingly, if one considers the social distaste for the overweight female form. Therefore, throughout the period, the desire for a 'pretty figure' remains a sufficient explanation for embarking on a diet. Typical of the assumptions made by authors, about women's feelings regarding their bodies, is an article taken from *Jackie* in 1972:

⁴⁰³ Penny Burton, 'It's such hard going for women', *Slimmers Mirror: A His and Hers Guide to Health and Fitness*, Mirror Press, 1982, p. 3.

Ever wished you could throw your old figure out and start again? I've yet to meet the girl who thinks she's got the perfect figure, so dig up every ounce of will power, and start sorting yourself out.⁴⁰⁴

The authors expect body dissatisfaction amongst women and pubescent girls, and so the desire for weight loss is assumed on these grounds, rather than for any health risk associated with overweight. Implicit understandings that underlined the motivations for weight loss, as constructed within the literature, are illustrated in before and after weight loss narratives. Before and after narratives rely heavily on the positive connotations of a slender body and the negative ones associated with overweight as a way of encourage readers to adopt dietary restriction. An article in *Good Housekeeping* called 'Nudity: Can your body take it?' from 1970 plays with this theme:

Facing the mirror, stripped to the skin, what do you feel? Naked or nude? Lucky ladies who feel nicely nude reflect a lean, lithe silhouette of polished skin over trim muscles. Less-blessed friends sneak a hasty glance and feel nastily naked - with a surfeit of skin to show why! With clothes clinging so closely, what we all need to feel when we face the mirror is nude, dressed or not. And it's not only extra pounds that need to go now, it's extra ounces, too. Where you're likely to find them is in a spare-tyre tummy, fattening thighs and flabby arms.⁴⁰⁵

Mirrors, as a tool of self-perception, return here as a route to self-realisation, the process of examining oneself in the mirror is presented as an opportunity to develop a 'realistic' (which is not expected to be positive) understanding of one's body, thereby facilitating a more honest understanding of the true self. By suggesting that the reader feel naked when looking at herself in the mirror, one can also detect an underlying expectation of consistent and self-critical evaluation. Confidence is not encouraged in the overweight, and it is clear that there are limited bounds within which people might be allowed to feel self-assured about their bodies. The purpose of weight loss is to

⁴⁰⁴ 'No weighting!: A Jackie Guide to Slimming' (anon), *Jackie*, No. 427, March 11th 1972, p. 5

⁴⁰⁵ 'Nudity: Can your body take it?' *Good Housekeeping*, August, vol. 98, no. 2 1970, 49-9.

change and improve the body, so that one might become confident - albeit within the bounds of what was considered appropriate by wider society.

Alongside this self-critical process, women were also warned about having an overly 'optimistic' view of their own bodies, and are advised to be 'realistic' about themselves, as this 1960 article from *Good Housekeeping* illustrates:

'How to Flower in the Warmth of the Sun'

So what clothes do you need? For a start, two swimsuits. Dare you wear a bikini? If you are under twenty five years old and not a fat girl by all means yes. The less you have to wear for swimming the pleasanter it feels.⁴⁰⁶

Similarly, a *Jackie* article from 1985 described why its readers should embark on the new exercise regime recommended in the article:

Still feeling a bit flabby and unhealthy? *Still* avoiding buying that new bikini and sticking to the coverall one-piece because you're afraid that you've still got a little bit too much to bare?⁴⁰⁷

The first article is characteristic of literature from the earlier part of the period; it is direct - outlining the proper conditions under which readers can wear certain forms of clothes. While the second article is characteristic of the later period, as there is an underlying expectation by the author that her readers will understand these cultural rules regarding modesty and body weight, and will, therefore, act or dress accordingly. These rules, which are presented as an opportunity for women to refine their understandings of the aesthetic boundaries of their body, offer very little space for women to offer alternate narratives of the self which could incorporate satisfaction with one's body.

Self-consciousness, which imbues so much of the discussion of women's bodies throughout the period 1950 to 1995, can result in a reversal of traditional cultural

⁴⁰⁶ 'How to Flower in the Warmth of the Sun' (anon), *Good Housekeeping*, vol. LXXVIII, no. 1, July 1960, p. 26.

⁴⁰⁷ 'It takes all sports!' (anon), *Jackie*, no. 1116, May 25th 1985, p. 23.

associations. For instance, both *Jackie* and *Good Housekeeping* published the majority of their articles on weight loss in spring and early summer, the underlying rationale was that readers would want to 'prepare' themselves for summer fashions, which invariably expose a greater amount of flesh. Traditionally summer is presented as a time of the year associated with freedom (assumedly because the better weather and longer days make it easier to enjoy activities outside of the home, and it is the time of year that people go on holiday) but in this scenario the freedom of summer has to be carefully managed with the expectations that this places on women to wear certain clothes and face their "hour of revelation". One item garners particular attention within dieting discourse, namely, the bikini:

Some are born slim and stay that way, others, sooner or later have fatness thrust upon them and try everything they know to shed it. Millions today nowadays want to get back their youthful lines, of which they are reminded on every beach. To be slim again countless women are dieting exercising and worrying.⁴⁰⁸

Accompanying the narration of this 1958 newsreel are shots of older women wearing one-piece swimsuits, followed by younger, and more slender, women wearing bikinis. The 1950s marks the period during which the bikini becomes a symbolic item in dieting discourses. Indeed, the bikini becomes symbolic of the relationship between fashion, youth, and body shape, in particular the assumption that women will be afraid of showing their bodies in public. Fear of the bikini, so prominent in the advice literature, constructs women's physical presence as at odds with the clothes that they would like to wear, and the prospect of wearing a bikini in public results in the breakdown of the composure one can achieve by hiding under clothes.

It might seem natural to relate the symbolic relationship between fashion and dieting as part of the wider commercial web which sought to promote the relationship between aesthetics, dieting, body ideals and vanity. However, these relationships are also heavily embedded within the narratives that women themselves tell of weight loss. Below is an excerpt taken from an interview with Margaret Bennett, a children's nurse,

⁴⁰⁸ 'Want to slim? Then eat fat!', 1958, <http://www.britishpathe.com/video/want-to-slim-then-eat-fat> accessed 28th June 2013.

from Middleton, Rochdale. This interview was first aired by BBC Radio Manchester on the 7th January 1988:

Margaret: Well I wanted to be like everyone else, and wear what everyone else wore, and did what everyone else did. And I thought, right, time to do something about it...

Later on in the interview, when asked how it felt to give up all of her favourite foods, Margaret Bennett responds:

Margaret: It was definitely worth it. I mean now, I just absolutely adore clothes. My wardrobes just look like C&A! I mean I just ...

Interviewer: You can't have everything!

Margaret: [Laughs] Well ... I've got most things! ...

Margaret continues by describing the motivational importance of clothes within her weight loss experience. She describes how, when struggling with the diet, she thought:

Margaret: I want to ride a bike, I want to wear a bikini. I mean that was the biggest thing. I mean clothes are my thing, I mean I absolutely adore clothes, and going out of course.⁴⁰⁹

Fashion, clothes and femininity are, of course, themes that have attracted considerable scholarly interest. Susan Bordo, for instance, has written on the meanings of fashion and its relationship to women's bodies, suggesting that clothes become a text through which cultural meanings and values are inscribed.⁴¹⁰ Furthermore, authors such as Joanne Entwistle have suggested that clothes are used as a way of promoting certain forms of individuality, this reflects the significance of Margaret's wardrobe, which

⁴⁰⁹ 'Slimming Nurse', BBC Radio Manchester, aired 7th January 1988, North West Sound Archives, no. 2000.2923.

⁴¹⁰ Susan Bordo, 'The Body and the Reproduction of Femininity: A feminist appropriation of Foucault', *Gender, Body and Knowledge: Feminist constructions of being and knowing*, ed. Alison Jagger and Susan Bordo (Rutgers, 1992), p. 12.

stretches far beyond being simply material she wears to cover her body.⁴¹¹ She constructs her 'new' body as providing her entry into a new world that had previously been closed to her – it allows her to indulge in a passion for clothes, to try new things, and to become a more sociable person. However, these new experiences are not about expressing her individuality, but are actually part of gaining access to forms of dress that are a normalised part of women's experience and represent an adherence to existing social codes about dress and body shape. Under these circumstances, new clothes can be seen as a way that a woman can exhibit her ability to control her impulses and regulate her diet.

Weight Loss as a Process of Self Fulfilment and Discovery

The section above described how weight management could be constructed as a process that allowed women to conform to existing social codes, thereby facilitating greater freedoms in the expression of self; the following section considers the internal processes that encouraged women to identify fat as restrictive. It was relatively common for weight to be described, not as a part of a woman's body, but as an externalised aspect of self, that prevented others from seeing her 'real' body as it truly existed in the imagined self. A typical example of this is illustrated in *Slimming with Averil Ames* from 1952:

Since dieting the extra layers have become looser. Superfluous ounces really feel superfluous. They don't belong to me anymore, they seem to be perched on my frame waiting to be taken away ... I'm not afraid of weighing machines anymore. It is becoming a pleasure to watch the needle slipping farther and farther back ... to achieve this I have forgotten what a potato tastes like. Biscuits, chocolate and cakes have gone right out of my life, and sugar is but a name to me.⁴¹²

⁴¹¹ Joanne Entwistle, *The Fashioned Body: Fashion, Dress, and Modern Social Theory* (Cambridge: Polity Press, 2000), pp. 112-113.

⁴¹² *Sensible Slimming with T.V. Girl Averil Ames* (A Daily Graphic and Daily Sketch Publication, 1952), p. 28.

Averil Ames accepts ownership, not of the body that she currently inhabits, but of the body that she perceives to exist under these 'layers' of body fat. Similarly, the process of losing these layers requires an equally profound transformation of the self - in this instance forgetting the taste of certain foods. Forgetting places, foods, memories, is commonly related to a process of loss, trauma, or personal tragedy; yet, within this context, the process becomes part of a practice whereby the reinvention of self is achieved by killing off older versions of the self, to be reborn as the imagined perfected version of oneself.

The theme of re-invention of the self through diet is persistent within the literature and can be discerned through the externalisation of fat, as occurs in the 1995 book *Fat Attack*:

You can 'attack the fat' – both in your food and on your body – and do your heart a favour too, while eating a tasty, delicious diet that includes all the types of food you've come to love so much.⁴¹³

As in *Sensible Slimming*, 'fat' is externalised by the author, Judith Wills. Perceived additional flesh on the body is labelled as 'fat', whilst the distinction between fat in the body and the fat in food is conflated to mean the same thing. By doing so, Wills encourages her readership to view the fat on their bodies as alien as the fat contained in the flesh of other animals. Similarly, Sue Kreitzman, who authored over 24 low-fat cookery books from the 1970s onwards, offers her readers a similar understanding of fat and transformation of the self. Kreitzman's books self-consciously promote themselves as part of a positive outlook on food, eating and wellbeing that encourages its followers to carefully consider their own emotional relationship with food; an approach that reflects the post-feminist approach to food, health, and dieting - issues that will be discussed in greater detail in the latter part of this chapter. However, her books construct fat using the self same discourses of personal transformation that were prominent in weight and dieting literature from the 1950s. Her emphasis on weight loss as a form of personal transformation is evident in the way that she describes her altered tastes:

⁴¹³ Judith Wills, *Fat Attack: The no-hunger way to a fitter, leaner, body and a healthy heart* (London: Vermilion Arrow, 1995), p. vi.

I swoon over greengrocers' displays: tart, snappy apples; green, purple or red grapes; oranges, blood and otherwise; mangoes; pears; bananas; pineapples; cherries and berries in season; lychees. Why would anyone want to settle for a horrible packaged piece of flabby pastry or an artificially flavoured sweet bar, coated with inferior, vegetable fat injected chocolate, when such a panoply of juicy delight is available in any supermarket?⁴¹⁴

These new tastes and preferences are described as a new source of delight to her in contrast to her previous professed love of chocolate, butter and other 'fattening' foods. Similarly, the weight that she lost whilst altering her diet is described in the following manner:

Maintaining a large weight loss is a lifetime affair. I feel those 6 1/2 stones of quivering schmaltz haunting me. They hover, waiting for the first slip, the first heedless slide into the fat-filled abyss that surrounds every ex-fatty. I have learned how to shun added dietary fat, yet enjoy good food.⁴¹⁵

Processes of transformation are, perhaps, presented in a more qualified manner than in *Sensible Slimming with Averil Ames*, and maintenance of this loss is also viewed in a more complicated manner. Nevertheless, Kreitzman's description of herself as an 'ex-fattie', or her comparisons of the overweight eating fat with an alcoholic drinking alcohol, is clearly a reference to the need to radically alter one's identity through diet.⁴¹⁶

The incorporation of phrases referring to holistic lifestyle changes could be viewed as a novel phenomenon in the dietary literature since the Second World War. However, this too has been incorporated into descriptions of a transformed version of the self. Transforming the self through lifestyle alteration is not presented as simple or easy, but it does continue to be framed as a process of reinvention. The 1990 article

⁴¹⁴ Sue Kreitzman, *The Complete Slim Cuisine* (London: Bantam Press, 1990), p.14.

⁴¹⁵ Ibid, p.1.

⁴¹⁶ Her comparisons of fat with alcohol and other noxious or addictive substances are littered throughout the book, an example of it can be found on p. 5. Kreitzman, *The Complete Slim Cuisine*.

'Farewell to Fat' by Kelly Brownell (a co-ordinator of an Obesity Research Clinic in the U.S.) suggested:

Plan something extra special to celebrate the end of your diet. For example, go to your wardrobe and remove all the clothes that are too big for the new, slimmer you and give them to your favourite charity. Indulge yourself and buy some new ones that show you off as you now are... [however] you have got to maintain the same moderation and enthusiasm that have served you so far to such splendid effect - and noticeable effect.⁴¹⁷

Accompanying this article are images of a young woman struggling to get into a skirt, which, by the end of the article, she is able to do with ease - note the focus on the reward of new clothes, which fits with previously discussed social codes and motivations for weight loss. Clearing out one's wardrobe is given a symbolic status, to be done at the end of the process as a form of reward and catharsis - removing those symbols of a now defunct self and the introduction of new clothes that complement this new sense of self. It also suggests that these clothes reinforce - not just a personal sense of change - but also a public display of transformation; these new clothes should, therefore, illustrate this personal change to those around the 'successful' slimmer. Social codes that might prevent individuals from wearing clothes as they please, and the internal changes that are required to facilitate weight loss, are both predicated on the understanding that a woman's body does not quite belong to herself; instead, but to those around her who are able to judge her body and the clothes she wears.

Weight Loss and the Transformation of Personal Relationships

Relationships with friends and family are also presented within the literature as affecting women's weight loss. This is illustrated by a 1970 advert for slimming tablets picture below, in which she asks the reader: "Do you wonder that my husband's

⁴¹⁷ Kelly Brownell, 'Farewell to Fat', *Good Housekeeping*, vol. 137, no. 3, March 1990, p. 93.

prouder of me now?"⁴¹⁸ Positive personal experiences of weight loss are reinforced by the reaction of Joy's husband. In this narrative, weight loss became an activity that was not only done for her own feeling of achievement, but also for the pride and approval of those around her as well. What the audience should consider to be the exact source of her husband's 'pride' in her is unclear, although it is notable that in the 'after' photo Joy is pictured in a distinctly more feminine outfit (in a dress rather than an army uniform), as well as in a more feminine situation (in the domain of her own home). Seemingly, part of the pride that others would feel on their behalf relates to their adherence to distinctly more feminine roles after weight loss, but it is notable that approval comes, not from Joy herself, but from externalised sources.

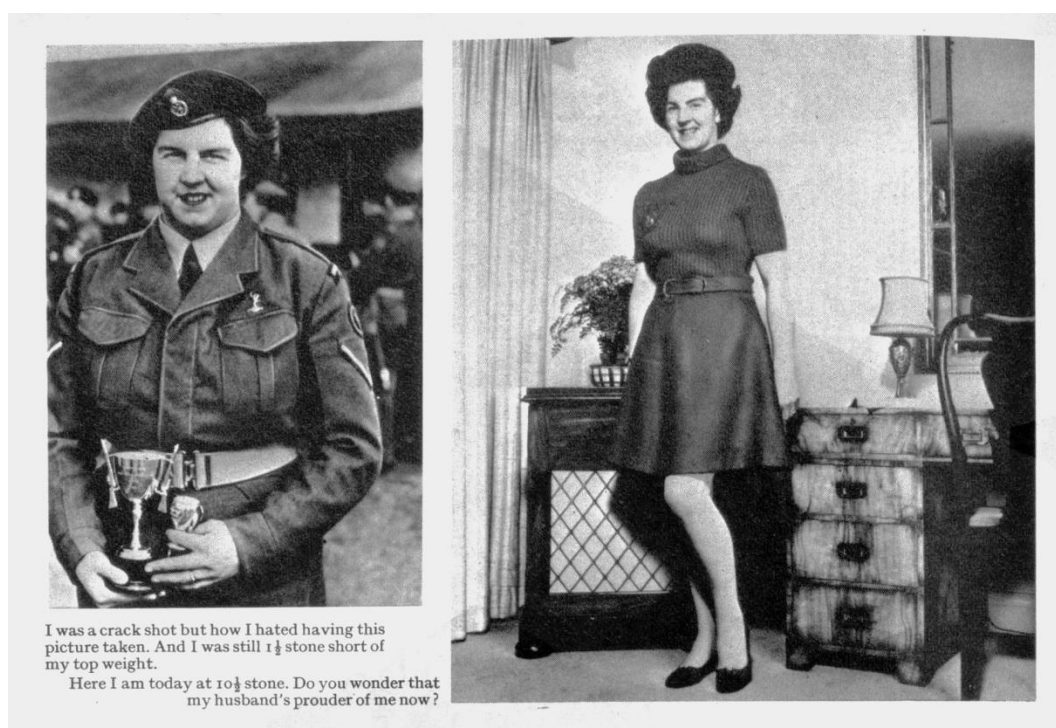


Fig.5.2: Advert for 'Ayds' Slimming Tablets, published in *Good Housekeeping*, 1970, April, vol. 97, no. 4, p. 94.

Towards the end of this period, pride in weight loss does become more connected to personal feelings of achievement and success. An interview with a young girl from a 1995 edition of *Shout!* magazine illustrates this difference:

⁴¹⁸ Advert for 'Ayds' Slimming Tablets, published in *Good Housekeeping*, 1970, April, vol. 97, no. 4, p. 94.

Interviewer: Do you find that people treat you differently now that you're thinner?

Seonaid: Yeah, it's really weird. Shop assistants treat me different, they're always nicer to me. I don't know why I'm still the same person!

Interviewer: Have the boys stopped teasing you?

Seonaid: Yeah, mostly, but some of them still say stupid things to annoy me. It doesn't bother me now, though – I've got more confidence now that I've lost weight and I know what they're saying is rubbish.⁴¹⁹

Seonaid presents herself as changed, because the approval of others after weight loss, whilst pleasant, is felt to be unnecessary because of her own inner transformation which means that she no longer seeks the approval of others.

Pride, improved confidence, and a greater enjoyment of life, feature prominently in descriptions of weight loss in advice literature, although, given the social capital ascribed to slender women, this is, perhaps, unsurprising:

If your appearance is trim and pleasing you begin with an advantage in all sorts of situations: an interview - whether for a job or with a children's teacher; socially - whether chairing a meeting or simply walking unaccompanied into a room full of strangers. The care that you take of yourself is an authentic indication of your own worth.⁴²⁰

Power, be it social or psychological, is ascribed to the slender woman, despite the high levels of self-consciousness or social anxiety that are assumed to exist amongst most women. Even day-to-day social situations, such as meeting with a child's teacher, are presented as situations likely to cause anxiety. As a consequence, women need to develop great confidence in their appearance to compensate for a lack of confidence in other situations, and this can be achieved through the attainment of a perfected body.

⁴¹⁹ 'I really miss sausage rolls' (anon), *Shout!*, No.63, July 21st - August 3rd 1995.

⁴²⁰ 'Total Lifestyle' (anon), *Good Housekeeping*, vol. 127, no. 4, April 1985, p. 25.

Improved confidence for those that are successful in weight loss is contrasted with the lack of confidence of the overweight would exhibit before they seek to address their 'problem'. A Radio Lancashire interview, from 1980, with a young woman who had her jaws wired, describes the difficulties of overweight:

People say, y'know, 'Oh well if you like your food enjoy it, eat it, be happy' but you can't be happy; society won't let you be happy. Fat people are mis-shaped for society, people laugh at them, look at them. Y'know, you can't go swimming, you can't join in and do what other people do. And you just, you can't be happy.⁴²¹

Contentment with oneself whilst overweight is perceived by the interviewee as 'impossible'; only transformative weight loss will enable her to participate in social activities, like swimming. For this interviewee, the power to participate is located via a social strata that labels people as 'mis-shapened' and, by doing so, prevents the overweight from joining in with the activities that 'normal' people do. What is unusual within this interview, is that the source of transformation is not located within herself, as with the majority of weight loss literature, but through external means. The young woman's lack of adherence to traditional weight discourses is also reflected in the 'external' nature of her weight loss: rather than transforming herself through body work she seeks an external intervention, thereby cutting against the grain of dominant weight loss discourses which rely on altered habits. Wiring the jaw shut represents a more interventionist way of working with the body, and responsibility is being shifted from behaviour, as her biology is being altered to improve her weight management. As alternative weight loss methods have become increasingly common since the end of this study, this may also give us an insight into the ways that weight loss discourses may have changed.

However, within the realm of personal relationships, weight loss is sometimes presented as a mixed blessing. Improved self-confidence may help women themselves, but they are also warned about the difficult feelings that their own self improvement might arouse in others. Jealousy from those who do not accept the changed personality of the newly slender is presented as a possible pitfall. A relationship through which

⁴²¹ 'Hot Pot', first aired 23rd August 1980, Radio Lancashire, North West Sound Archive, ref no, 1985.1464.A

these tensions can be explored is that of husband and wife. A husband's pride at his wife's 'achievement' is described in Joy's experience captioned above, and can also be seen in other instances.⁴²² However, other descriptions of post weight loss marital relations suggest a more ambiguous response. The following excerpt is taken from a BMA *Slimmers Guide* published in 1985:

A successful slimming programme can do absolute wonders for their [the wife's] morale. In fact, sometimes it may even be too successful, their husbands may become jealous of their new attraction to other men.⁴²³

Weight loss, while good for the wife's confidence, was seen to be difficult for the husband, because her new found desirability could lead to a disruption of the established balance of power. The theme of difficulties in the marriages of women who lose weight was also explored in an article from 1990. 'Anne's' story describes her attempts to lose weight and the impact that it had on her husband:

I lost a stone in over a month and, though it was really hard, I carried on dieting. I thought that Geoff would be pleased to have a wife with a reasonable figure once more. But instead of encouraging me, he just made rather snide, jokey remarks, saying he could see I was trying to become a page-three girl, and which local man was I after? ... As I lost weight I started to go out more. Geoff said it was stupid waste of clothes as mine didn't fit anymore. I could feel his anger: it was as if he were jealous or threatened. But when I asked him about this, he was furious.⁴²⁴

The solution offered to readers is that they consider how the dynamics of the family might have shifted and seek to redress the feelings of those who might feel disempowered. Similar arguments were also made in the 1994 self-help book *Weight*,

⁴²² Also see, Nottidge and Lamplugh, *Slimnastics*, p. 17.

⁴²³ Dennis Craddock, *The BMA Slimmers Guide*, (A Family Doctor Booklet, Published by the British Medical Association, 1985), p. 37.

⁴²⁴ Joy Melville, 'Family power games', *Good Housekeeping*, vol. 138, no. 3, September 1990, p. 65.

Sex and Marriage, in which the author suggested that some partners seek to keep the other partner fat - so that they can maintain a dominant position within the relationship.⁴²⁵ In some ways, this was a warning to women about the consequences of becomingly overly confident as a result of their transformation. Despite this warning, the underlining framework in this aspect of weight loss advice is that one will embrace a new identity after dieting; thereby underlining the implicit expectation that it is a positive experience.

The first half of this chapter has explored some of the most notable ways that motivations for weight loss were constructed. Within the advice literature, it is implied that that losing weight will make women look better (in and out of clothes), that they will feel better, and that they will like themselves (or that 'society' will like them) more if they were to be slimmer. Consequently, weight loss is framed as something that is self-affirming and life affirming; it becomes part of a continual process whereby women strive to achieve an aspirational version of themselves. As a consequence of weight loss the dieting woman is able to access parts of social life that had been closed off to her, and through this self discovery she will exhibit her 'true' self.

The 'Fat Girls Club' and Early Anti-dieting Discourses

The core motivational principles of dieting, as constructed within the advice literature, remain consistent throughout this period. However, there is a shift in the way that diets have been described since the 1950s, particularly in the wake of second wave feminism. To begin, this section considers the 'anti-dieting' discourses of the 1950s and 1960s that existed before the development of a distinctly feminist critique of dieting, which sought to subvert established body norms. In 1958, a 'Fat Girls Club' was established in the UK, while in June 1967 the first 'fat-in' was staged in Central Park, New York, by protesters who sought to put weight discrimination on par with the civil rights agenda. Two years later, in 1969, the National Association to Aid Fat Americans (NAAFA) was established. It was not until four years after the establishment of NAAFA that, in November 1973, the *Fat Liberation Manifesto*, was published by the radical feminist group, the 'Fat Underground'. Finally, in 1978, *Fat is a Feminist Issue* was published in the UK.

⁴²⁵ Richard. B. Stuart and Barbara Jacobson, *Weight, Sex and Marriage: A delicate balance* (Guildford Publications, 1994), pp. 46 -48.

According to sociologist Charlotte Cooper, historically, British fat acceptance has occurred in waves with the first wave encompassing the later period of feminist activism outlined above.⁴²⁶ The *Fat Liberation Manifesto*, for instance, drew on many of the principles of leftist and feminist politics, incorporating specific references to the women's liberation movement:

We are angry at mistreatment by commercial and sexist interests. These have exploited our bodies as objects of ridicule, thereby creating an immensely profitable market selling the false promise of avoidance of, or relief from, that ridicule.⁴²⁷

The manifesto presents the dieting industry as inherently sexist and, by doing so, anticipates much of the feminist literature of the later 1970s, as well as the civil rights perspective that was embedded within social movements at this time. Certainly, the development of this intellectual strain signifies a break in medical understandings of weight and obesity - as discussed in Chapter 2 - and the second half of this chapter considers how feminism influenced dietary advice aimed specifically at women.

In the 1950s and 1960s, although women's weight was often discussed, it generally took the form of weight loss. Women considered to be outside of the 'ideal' range were not culturally visible, unless, of course, they were being presented within the context of a weight loss narrative. The other notable exception is the sphere of 'outsize' fashions. Fitting with the discourse of affluence and obesity, the mass media often related the existence of 'outsized' fashions to socio-economic change, as the British Pathé 1951 report 'Outsize Fashions' illustrates. It starts by showing a model in her new 'slimming' clothes, while the narration explains that the dress offers "another neat line for the woman who likes to enjoy life, yet just can't keep slim. Nearly five million women in Britain today have waistlines more than 34."⁴²⁸ The tone of the report is not altogether one of celebrating the changing body shapes of British women. Indeed, the phrase 'outsize' itself gives a strong indication that the 'average' women should not

⁴²⁶ Charlotte Cooper, 'What is Fat Activism', University of Limerick – Department of Sociology Working Papers, <http://www3.ul.ie/sociology/docstore/workingpapers/wp2008-02.pdf> accessed 4th July 2013.

⁴²⁷ Judy Freespirit, *The Fat Liberation Manifesto*, November 1973, reprinted in *Fat Studies Reader*, ed. Esther Rothblum and Sondra Solovay (New York: New York University Press, 2009), pp. 341-342.

⁴²⁸ 'Outsize Fashions', 1951, British Pathé, www.britishpathe.com/video/outsize-fashions-1 accessed 21st May 2013.

conform to that body shape. Nevertheless, the narrator does also suggest that these fashions are a reminder to the audience that “fashions for the not-so-slim show beauty experts and young critics too how attractive a generous line can be.”⁴²⁹ While this kind of statement would not be considered an anti-dieting message - it does offer a small amelioration to the general weight of advice that encouraged women to feel ashamed of their bodies, if overweight.

The more moderated tone used to describe women in the context of ‘outsize’ fashions is perhaps unsurprising, given that these were also descriptions of the industry’s potential client base. However, the tone was also carefully modulated so that the audience might be reminded that this would not be considered an ideal situation; for instance, the suggestion, that the ‘generous line’ *can* be attractive, indicates the underlying attitudes towards fashion for larger women. A slightly later report from 1958 called ‘River Fashion Show’ reflects a similar framework; it enthusiastically informs its audience that, “with these new designs for the outsized figure, women can at last wear brighter colours instead of the accustomed black that was once almost a uniform for them”.⁴³⁰ However, while it suggested that women are being offered a relaxed version of the code of acceptable fashions for larger women, these freedoms were still embedded within a discourse that larger women should be seeking to look as slender as possible. Women who were unsure of these codes of acceptability were offered the following advice in another newsreel:

Women with an eye for bright colours, but not the figure, are a special problem of today’s outsized designers. At a west end studio, model Linda Leigh shows us that glaring colours are a glaring mistake for her. Scarlet and bright red in particular should be left to the slimmer women, and bull fighters ... remember the red dress? Well this is in the same style but shows the kinder effect of a softer colour. Each, you see, to her own colour.⁴³¹

⁴²⁹ ‘Outsize Fashions’, 1951, British Pathé, www.britishpathe.com/video/outsize-fashions-1 accessed 21st May 2013.

⁴³⁰ ‘River Fashion Show’, 1958, British Pathé, www.britishpathe.com/video/river-fashion-show accessed 21st May 2013.

⁴³¹ ‘Colours for Slimming’, 1955, British Pathé <http://www.britishpathe.com/video/colours-for-slimming/> accessed 21st May 2013.

Through drawing comparisons between the slimmer models and the larger models, the narrator offers the implicit message to the audience that the best form of dressing minimised her figure, making her less culturally visible. Seemingly, large women should camouflage themselves, as far as they were able, in the hope that their bodies would become less noticeable. Therefore, the discourse that surrounded fashions for larger women was based on an understanding that, whilst a women who wore 'outsized' clothes may be interested in looking and feeling good about herself, the primary objective was one of minimisation; thereby embedding it within discourses that idealised the slender female form.

Overt instances of women rejecting the idealised slender frame are rare before the 1970s, with one notable exception of the establishment of the 'Fat Girls Club' founded in 1958. The organisation may have failed to gather any significant momentum but a Pathé newsreel, and articles from *The Times* and *The Manchester Guardian*, do give us a glimpse into the founding ideology of the organisation, as well as the wider cultural reception. In a 1960 article published in *The Times*, the chairwoman Mme Paulette Lecomte explained that: "to be a member of our association ... a woman must have hips of at least 42in and make no effort to reduce them".⁴³² Certainly, the stipulation that their members should 'make no effort' to slim indicates a movement more concerned with pride and confidence in oneself than 'outsized' fashions, which existed to compensate for perceived inadequacies. It also inverts the expectation that larger women would experience dissatisfaction with the self as an ingrained aspect of their identity.

Part of the stated purpose of the organisation was to push for larger women to be better catered for in clothes shops. *The Manchester Guardian* also described that the organisation hoped:

... to give an opportunity to girls of all ages who are generously proportioned to get together and sympathetically exchange their problems in fashion and beauty. The club will run its own newspaper in

⁴³² 'No Slimming on the Seine' (anon), *The Times*, Wednesday 4th May, issue. 54762, 1960, p. 12.

which girls will voice their views on all subjects and exchange practical information.⁴³³

Members described the intention of forming a group that offered a more positive perspective on larger body shapes for women, with the intention that the group would function as a peer-support network and would encourage activism. Such underlying principals could be considered not wholly dissimilar to some strains of the more explicitly radical London Fat Women's Group established in the 1980s.⁴³⁴ The establishment of such organisations might indicate an undercurrent of dissatisfaction regarding dominant dietary discourses offered to women in the 1950s and 1960s.

It is difficult, however, to disentangle the self-perceived motivations and purposes of the group from the discourses and stereotypes that are employed by reports on the organisation in the mass media. 'Large Girls Club' is the title of the newsreel discussing the establishment of the organisation and showing its inaugural party at Woburn abbey. The French founder, Mme Cornou, is given particular attention, she is described as "prominent in the world of fashion and in practically every other way".⁴³⁵ This, alongside the portrayal of her laughing, joking, and enjoying champagne - with contrasting shots of the Duke of Bedford looking significantly more rigid and severe - underlines the use of established weight-based stereotypes. Mme Cornou is also described in *The Manchester Guardian* within the bounds of these stereotypes:

Mme Mag Cornou is a blonde model with 60in hips and weight 220lbs. To give a comparative picture, Mr Banting, the originator of the Banting diet, was 220lbs before he started his diet and he was so fat he had to go down stairs backwards ... The helicopter took off without difficulty and made an unforced but no doubt relieved landing on the lawns of the Duke of Bedfordshire's home.

⁴³³ Alison Adburgham, 'Femmes Fortes and Large Girls: A Helicopter Descends on Woburn', *The Manchester Guardian*, July 4th 1958, p. 3.

⁴³⁴ Despite the similarities of the underlying principals of the two organisations, the Fat Girl's Club could be considered to have been very much established within the echelons of the upper classes. The launch of the Large Women's Club was held at Woburn Abbey and one of its patrons was the Duke of Bedford. Therefore, they should perhaps understood to be originating from very different class and cultural backgrounds.

⁴³⁵ 'Large Girls Club', 1958, www.britishpathe.com/video/large-girls-club/ accessed 5th July 2013.

Whether Madame's descent from the helicopter was in the style of Mr Banting's staircase descents ... is not known ... now the reception was under way in the entrance hall, and Madame was under fire from a volley of questions, which bounced off her harmlessly enough since she knew no English. Her bilingual smile carried everyone with her.⁴³⁶

Women, who sought to change established cultural perception of the overweight, were portrayed using the same established cultural conventions of 'jolly' fat girls, physical humour and a 'joking' personality that the organisation was seemingly established to question. It is not possible, from these limited sources, to suggest the processes behind these representations. They may have been externally imposed, or they may have been adopted by the women themselves, as an outwardly acceptable form of overweight female identity. However, it would be fair to suggest that, in instances where women transgressed from established cultural norms regarding body shape, they were nevertheless bound by the powerful body politics of women and overweight.

Feminist Anti-diet Ideologies and their Assimilation into Mainstream Dieting Discourse

Several authors are considered key to the feminist approach to body weight and dieting: the most prominent are Susie Orbach, Kim Chernin, Naomi Wolf and Susan Bordo. All of these writers were actively publishing works that broadly considered the female body and dieting culture during the period that this thesis considers, although some were only first published at the very end of the period in question. Susie Orbach published earliest in the period, and was also often published in the popular press - particularly *Cosmopolitan*. Orbach herself suggests that this was part of an intentional process to ensure that her work reached as wide an audience as possible:

MK: how easy was it to try and get it [*Fat is a Feminist Issue*]
published? Was it hard?

⁴³⁶ Alison Adburgham, 'Femmes Fortes and Large Girls: A Helicopter Descends on Woburn', p. 3.

SO: Well it's interesting because Virago rejected it. [Laughs]

MK: [Laughs] Okay.

SO: So did Penguin. Which was interesting, because I thought 'well I don't want to go to a women's press, I want to go to a mass press.' I mean that mass press is now defunct, but I went to them. I didn't know anything about that kind of thing. Anyway it got published, and it sold out within the first five days.⁴³⁷

Given the explicit intention of Orbach to seek a publisher that wasn't closely associated with women's liberation, the speed at which it became popular, and its prominence and influence within *Cosmopolitan*, her writings can be used as a benchmark through which the influence of feminism in popular culture is traced. The remainder of this chapter will consider how feminist critiques of dieting culture were translated into the pages of magazines such as *Jackie*, *Cosmopolitan* and *Good Housekeeping*. The more conservative nature of *Jackie* and *Good Housekeeping* means that these publications do not specifically address the issues of body weight, body shape, and self-image. Nevertheless, there are changes to the way that these publications discuss eating, body weight, and health, which can be traced to a reconfigured format of popularised aspects of the feminist approach.

Traditionally, the approach to dieting in *Cosmopolitan* echoed those outlined above, whereby dieting and the desire for a slender body were placed at the fore, and the possibility for reinvention of the self is offered through the achievement of an ideal body. *Cosmopolitan* often ran articles on dieting and weight loss, providing advice similar to that in *Jackie* and *Good Housekeeping*. A typical example of this might be the article 'Fasting: The Ultimate Diet' published in 1976:

When you lose weight, you become younger-looking and more attractive. There is no quicker way to come by these desirable effects than through fasting. Rejuvenation is both cosmetic and real. As the

⁴³⁷ Susie Orbach interviewed by Martha Kirby, London, 6th December 2012.

pounds come off, the streamline reflection in the mirror lifts the spirit.⁴³⁸

However, a year after the publication of the above article, *Cosmopolitan* ran a substantial interview with Susie Orbach in the 'Dieting Column', which hinted at many of the themes that would later come up in her book. Most significantly, it presented the social pressures to achieve a slender body as a personal problem, but also as a political issue that needed to be addressed through wider cultural changes. In some ways, her commentary might not be considered so revolutionary; for instance, it was common for dietary advice in other magazines to note the cultural pressure to achieve a slender body. For instance, in *Slimming with TV Girl Averil Ames*, Ames describes how, after an extended trip to Italy where she put on weight, she struggled to find work once home again: "My career was smashed. Nobody wanted a fat girl, however young, except for the odd comic part in a film and some "outsize" modelling".⁴³⁹ However, as outlined earlier in this chapter, these social imperatives were not openly questioned. The feminist response to the social codes regarding body shape may have been outlined by Orbach in *Cosmopolitan* in the first instance, but it was also subsequently written about by other contributors to the magazine, such as Anna Raeburn, and the magazine's Agony Aunt Irma Kurtz. Orbach's interview from 1977 is the beginning of this trend:

She [Orbach] started to talk to the feminist group about her feelings and soon realised how oppressed she felt by a society which yelled "thin, thin, thin" at her. When she thought about it, she realised she was very angry about being made to feel that she should have to be thin; she was angry that she had accepted that you could only be a real woman if you fitted into a size eight dress; and she had realised that she had turned that anger in against herself.⁴⁴⁰

A novel aspect of Orbach's analysis is the way that she locates the source of weight problems, not with the individual, but with the 'oppressive' nature of cultural attitudes

⁴³⁸ Allan Cott, Jerome Agel and Eugene Boe, 'Fasting: The Ultimate Diet', *Cosmopolitan*, March 1976, p. 80.

⁴³⁹ *Sensible Slimming with T.V. Girl Averil Ames*, p. 2.

⁴⁴⁰ Mary Kenny, 'How I learned to stop worrying about being fat and got thin: the story of Susie Orbach', *Cosmopolitan*, May 1977, p. 35.

towards the female body. Equally, however, it could be argued that, whilst the source of the problem may be defined as cultural, it continued to be a problem that the individual needed to deal with on a personal level, because it was women's responses to these pressures that heightened the problem. Learning to ignore these pressures, rather than a wider structural change, was offered as the solution within Orbach's writing, as it was only by ignoring such pressures that women could improve their mental state. Realising this was:

... Susie's road to Damascus. She threw away the bathroom scales, flung out the calorie counting books, cleared her wardrobe of everything she didn't feel comfortable in and resolved from that day that her relationship with her own body would primarily be one "of harmony". And this miracle happened. "From that moment I stopped worrying about it, my metabolic rate changed quite spontaneously. I started to eat anything I wanted to eat and found that when I relaxed, my body naturally regulated its own needs ... from that day onwards, she has weighed (she thinks) seven and a bit stone."⁴⁴¹

Success, or the reward for rejecting dieting and weight loss, is therefore constructed within the framework that still allows women to achieve the body shape that would be hoped for through dieting. Indeed, this is further underlined by the article's description of Orbach as a "beautiful, sylph-like seven-and-a-bit-stone". Clearly, there is an undeniable conflict between the critique of cultural imperatives to attain a slender body, and the emerging 'feminist' approach. The implication of these tensions is continually played out in the dietary material produced since early 1970s, whereby 'dieting' is discouraged but the idealisation of the slender female form is not.

Similar articles, which offer a critical response to dieting and body weight, also exhibit this conflict between attempting to reject certain cultural ideals, while also deploying them to encourage the readership to empathise with the arguments being put forward. An article by Anna Raeburn, entitled 'You are a person, not a weight, a measurement, or a dress size', incorporates many themes which could be interpreted as

⁴⁴¹ Mary Kenny, 'How I learned to stop worrying about being fat and got thin: the story of Susie Orbach', p. 35.

an anti-dieting message critical of cultural imperatives regarding women body shapes. She notes, for instance that:

Unfortunately, in the world of the mass media, most of our images are one-dimensional; photographic, and the people who look the best like that often look malformed in real life. Then again, our idols often live such a speeded-up, dieted down existence that even though we see them in three dimensions, they seem very thin. There are few fat film stars or pop singers. They may be naturally heavier than they appear to us on the screen, but they live to die young, burnt out by so-called artistic endeavour.⁴⁴²

The above quotation draws on many of the classic feminist approaches to body weight. In particular, we see Raeburn questioning the idealised images of women, as well as encouraging women to reject the self-conscious analysis of their bodies encouraged within the dietary literature. *Cosmopolitan's* decision in 1980 not to advertise slimming diets, and only publish articles that promote 'fitness and health', not weight loss, was a response to these developing feminist criticisms. However, the inherent conflict within the magazine's approach to body image and weight is reflected in Raeburn's discussion of her own struggles with weight:

When I was twenty and living in New York, I weighed eleven and a half stone but I had no idea that I was overweight. I hid behind terms like 'big-built', 'squarish', and didn't even turn my nose up at 'chubby' as a description, though I wince to remember it now. But fat - good lord no. Other people were fat, not me.

By this time my bosom should rightly have been labelled twin pyramidal peaks and my bum the greatest natural span. I was buying carefully cut formal wear and maternity clothes to relax in, rationalising that clothes were cut meanly in New York. And then came the day of reckoning.

⁴⁴² Anna Raeburn, 'You are a person, not a dress size, a measurement or a dress size', *Cosmopolitan*, January 1980 (no page number).

I was prancing down Fifth Avenue. I had just had my hair done, I'd bought my first pair of Italian sandals and my tan was enhanced by a circle of raspberry pink linen. I was going down to meet a very nice man for drinks, looking idly in shop windows as I drifted down the street. And that I saw the blob - breasts and belly going sloop-sloop against each other, tiny head on top of masses and masses of material that concealed nothing.⁴⁴³

Despite her subsequent critiques of the cultural attitudes towards women's body weight in popular culture, Raeburn's own description of herself employs the self-same criticisms of the weighted body and narrative techniques that were used in traditional dieting advice. Furthermore, images of women's bodies changed very little; advertisements and fashion shoots continued to use slender models as had been used previously. The consequence of the tension between the advice offered in the magazine and the idealised forms that it used to promote ideal lifestyles, underlines a continuing conflict within women's dietary literature. While certain body shapes continued to be idealised, the 'liberated' woman was not expected worry about it because it represented vanity.

The continued contradiction between anti-dieting discourses and body shapes prominent in the mass media is perhaps best illustrated by the positioning of an interview with Susie Orbach for the release of her second book, *Fat is a Feminist Issue II*; on the opposite page there was an advert for a 'diet' version of a well-known soft drinks brand, accompanied by an image of a slender young woman struggling to do up a pair of jeans accompanied by the caption "You can do it. We can help."⁴⁴⁴ It is a striking, although common, juxtaposition of the arguments that are being made in the magazine's articles, which clash with the discourses embedded within its most overtly commercial (be it adverts or fashion) features. In some ways, it could be argued that for many women *Cosmopolitan* still provided a motivational impulse for weight loss and a standard to which women could aspire. Columnists, agony aunts and editors no longer

⁴⁴³ Anna Raeburn, 'You are a person, not a dress size, a measurement or a dress size', (no page number).

⁴⁴⁴ *Good Housekeeping*, however, is notably silent on this issue, assumedly because of the assumption that its readers, who were expected to be of an older age range, were not thought to suffer from a 'slimming' disease so closely associated with young girls and women.

encouraged their readership to 'take control' and reinvent themselves through weight loss. However, an odd legacy of this intervention remained, while women should develop a veneer of not caring openly about body weight (because of the vanity associated with caring about how one looks), women were still required to care inwardly about body weight; because of the lingering idealisation of certain body types, resulting in the dietary process becoming a more internalised affair.

A Diet Gone Too Far? Overweight, feminism and eating disorders

Chapter 2 illustrated that feminist discourses encouraged a re-conceptualisation of the relationship between obesity and eating disorders; this is also the case in weight management literature aimed at women. Before the 1980s, anorexia and pica (the desire to consume non-nutritive substances, like earth or clay) were the only recognised eating disorders. Anorexia was the most common, and was described, within *Cosmopolitan* and *Jackie*, as an 'extreme' manifestation of the impulse to diet.⁴⁴⁵ From the 1980s onwards, issues of weight and eating were increasingly explained within the eating disorder framework, and central to this was the identification of bulimia. In the early 1980s C G Fairburn appealed, in the health column of *Cosmopolitan*, for respondents to a questionnaire on disordered eating habits.⁴⁴⁶ Upon reporting its findings in the subsequent year, *Cosmopolitan's* medical correspondent Denise Winn, chose to characterise bulimia in the following way:

Until recently, doctors failed to recognise the existence of such a syndrome. Accustomed to the extremes of anorexia nervosa and obesity, they didn't realised there could be any disorders *in between*.⁴⁴⁷

Although obesity and overweight had not been popularly characterised as part of a wider problem of eating disorders before, the inclusion of bulimia into the spectrum of

⁴⁴⁵ Anna Raeburn, 'You are a person, not a dress size, a measurement or a dress size'; or, 'Danger! 'The Dieting Disease!' *Jackie's* New Shapes for Old', *Jackie*, May 24th 1975, no. 594, p.14. Anorexia was also often referred to as 'the slimming disease'.

⁴⁴⁶ For the original call for respondents see: Christine Doyle, 'New Eating Pattern: Health reports', *Cosmopolitan*, January, 1980 (no page number).

⁴⁴⁷ Denise Winn, 'Live issues', *Cosmopolitan*, March 1981, p. 28.

eating disorders meant that eating disorders were no longer defined by certain body weights. Over time, this led to the broader definition of disordered eating that also included descriptions of compulsive eating. In particular, it became common for food to be described as an addictive substance. Irma Kurtz, for instance, responded to a letter about loving food but being 'obsessed' with eating and snacking in the following way:

Let's get it straight, you do *not* love food. People who love food treat it with respect. You've turned food into a weapon aimed at your self-image, and I'd say deep down you actually hate the stuff, the way any addict hates the substance they are driven to use. In other words, you are becoming a food addict ... Many, many young women are suffering from the same condition, and many have recovered.⁴⁴⁸

While Irma Kurtz's advice does not mention the idea of compulsive eating disorder, her descriptions of food as an addiction certainly imply a medically defined problem. Similarly, an article from September 1989, argued that 50% of women were "turning to food as a way of dealing with crises in their personal lives".⁴⁴⁹ Often explanations for this trend centred on psycho-analytical understandings that followed Orbach's explanations in *Fat is a Feminist Issue*:

Some women use food to express their pain about changes and transitions which are taking place in their lives. Fiona was a student in London, far removed from her rural family home. London was terrifying to her. She was appalled by her fellow student's bad language and sexually explicit conversations. She was threatened by their active sexuality and self confidence and her obvious contempt for them did not help her make friends ... Every evening she sat alone in the deserted kitchen of the hostel eating bread and butter, the symbolic food of her childhood and home.⁴⁵⁰

⁴⁴⁸ Irma Kurtz, 'The Agony Column', *Cosmopolitan*, January 1989, (no page number).

⁴⁴⁹ Julia Buckroyd, 'Why women still can't cope with food', *Cosmopolitan*, September 1989, p. 162.

⁴⁵⁰ Julia Buckroyd, 'Why women still can't cope with food', p. 163. For further examples of a similar argument see, Liz Hodgkinson, 'The Plain Facts of Fat', *Cosmopolitan*, January 1991, pp. 64-65; or Tania Unsworth and Rachel Shattock, 'Your Love hate relationship with food', *Cosmopolitan*, March 1993, pp. 91-

Explanations, such as the one above, are typical of a framework whereby food and weight were intimately linked to women's emotional state - a link that became embedded within *Cosmopolitan's* explanations for overweight. Within this framework, food is a barometer for an individual's happiness and emotional stability, the consequence of this is that overweight becomes a symbol of an underlying emotional problem. Enjoyment, taste, and personal preference are given little space within this narrative, as weight is constructed as a negative consequence of emotional trauma. Therefore, controlling one's weight also required a new approach to one's emotional state, and weight management required one to learn techniques to control and appropriately handle emotional distress.

Exercising Freedoms: Portrayal of exercise in the mass media

Cosmopolitan actively engaged with writers prominent in the feminist movement, if with somewhat confused results, whilst both *Jackie* and *Good Housekeeping* were more reticent. Neither ever explicitly discussed any of the 'anti-dieting' philosophy of women's liberation, or even made statements about their own role within the construction and promotion of dieting cultures, as was the case with *Cosmopolitan*.⁴⁵¹ However, this does not mean that there were not quieter shifts in the way that diet culture, body shape, and dietary management were presented to women in these publications. The changes that occurred with these publications could be considered something of an implicit revolution, not based on any explicit statement of intent, but a slow shift in the way that they discussed weight, diet, and nutrition. In each publication, these changes occurred in a different manner; in *Good Housekeeping* the contextual positioning of weight related advice changed, whereas in *Jackie* the advice itself began to diversify. *Good Housekeeping* began to incorporate weight loss advice within a 'Food and Nutrition' column, rather than within the magazine's beauty section. As a result the focus of the column shifted, taking its lead from its conceptual location within the

95; or Anne Bradshaw, 'I can't stop myself: women who eat too much', *Cosmopolitan*, September 1993, pp. 130-133 & 193.

⁴⁵¹ Instances where readers challenged the principles of dominant dieting culture are rare out with the pages of *Cosmopolitan*; those that do occur, do so in *Jackie* and will be discussed in greater detail in the following chapter.

consumer issues section of the magazine, it began to construct itself as helping its readers develop an informed consumer perspective on food and dieting. Typical consumer issues covered included the appropriate level of fat in cheeses labelled as 'low' fat,⁴⁵² or surveys of the most accurate types of kitchen scales, to be used in weighing out smaller amounts of food for dieting people.⁴⁵³ The move towards establishing its dietary advice within an 'informed consumer' framework marked a conceptual shift away from the aesthetic motivations underpinning weight loss, while also reflecting the language of choice and personal responsibility that was becoming so central to advice offered by the state regarding weight management.

During the 1980s there was also a shift in the advice offered in *Jackie*. Again, it was not preceded by any explicit statement regarding the magazine's policy, but represented a gentle shift of the magazine's advice. Increasingly, activities, such as cycling, running, hockey, or tennis were promoted as a way to become fitter and healthier, while also achieving the much desired 'bikini-ready' body.⁴⁵⁴ The inclusion of outdoor exercise is particularly notable, given the attitude towards exercise that had traditionally underscored articles in both *Jackie* and *Good Housekeeping*. In *Jackie*, before the 1980s, this was seen in the restricted formats of exercise that were deemed appropriate. Most often, exercise was suggested as an accompaniment to dieting; this was to be done in the home, specifically in the bedroom, thereby avoiding public displays of exertion. In part, this seems to be related to the purpose of exercise, because the intention of dieting was to gain a desirable figure, only those exercises that achieved this goal were suggested:

Dare to bare your legs this summer? Or are you sighing with relief
because ankle length skirts are hiding all your faults?
Guilty? Well, you can't keep yourself permanently hidden, especially
over the holiday times when you're on the beach, so make sure that you
reveal a figure worth seeing!

⁴⁵² 'Lower Fat Cheeses: Food and Nutrition' (anon), *Good Housekeeping*, vol. 128, no.1, July 1985, p. 164.

⁴⁵³ 'Dietary Scales Figured Out: Choosing and Using' (anon), *Good Housekeeping*, vol. 127, no. 1, January 1985, p. 123.

⁴⁵⁴ 'It takes all sports!' (anon), *Jackie*, p. 23.

... Naturally if you've got a figure problem all over, a diet is the answer, but lots of people have quite neat figures spoiled by heavy hips or thighs. This calls for exercise.⁴⁵⁵

Toning, rather than physical fitness, is constructed as the purpose of exercise, and most often it comes in the form of floor exercises, such as lunges and sit ups - exercises requiring greater physical exertion were not presented as legitimate options, until the latter part of this period.⁴⁵⁶ Exercise charts would often cover activities such as walking, cycling, swimming, sweeping the floor and sewing, but exercises like running and competitive sports were not. This phenomena is perhaps best understood in the context of the constructions of femininity before the 1980s. Mandy Treagus, suggests that the development of netball as a sport, in the latter part of the 19th century, was a response to concerns over young women physically exerting themselves. As a competitive game, Netball encouraged very self-conscious, restrained movements and no physical contact, which reinforced dominant cultural ideas regarding the physicality of young women and their freedom to physically exert themselves in public.⁴⁵⁷ Netball, and calisthenics that could be conducted in the privacy of one's own home, were therefore suggested because they fitted with pre-existing constructions of femininity. Young girls, in particular, were encouraged to exercise in ways where they would not be seen sweating, such as walking and swimming, because sweating in public was viewed as a transgression of norms regarding how women should appear in public spaces. However, this advice was not limited to young women, exercise programmes in *Good Housekeeping* (prior to the 1970s) also presented similar understandings of 'acceptable' forms of feminine exercise. Once again, these were suggestions of exercises that should be done in the home, in the form of calisthenics.⁴⁵⁸ Thus, whilst the forms of exercise recommended for young women may have originally been based on fears regarding the development of young women, the framework for physicality that they established continued into adulthood.

⁴⁵⁵ 'A Beauty Box Below the Belt' (anon), *Jackie*, July 29th 1972, p. 8.

⁴⁵⁶ For further examples of the more restrained forms of exercises offered to *Jackie* readers please refer to: 'Beauty Box, Exercise Surprise!' (anon), *Jackie*, No. 464, November 25th 1972, p. 8, or 'How Do You Shape Up? Jackie New Shapes for Old' (anon), *Jackie*, No. 590, April 26th 1975, p. 25.

⁴⁵⁷ Mandy Treagus, 'Playing Like Ladies: Basketball, Netball and Feminine Restraint', *The International Journal of Sport History*, vol. 22, no. 1 (January 2005), p. 105.

⁴⁵⁸ 'The Good Housekeeping Two Week Health and Beauty Plan' (anon), *Good Housekeeping*, vol LVII, no. 6, June 1950, p. 47.

Instances where women are portrayed engaging in unrestrained physical activity provide a counterpoint to women who privately exercised in their own home. A 1960 article from *Good Housekeeping* highlights many of the underlying cultural perceptions of women who were physical active. Within it there are several interviews with Olympic athletes about how they manage their beauty routines whilst also playing sports competitively:

Does it surprise you? Do you, in common with so many people, believe that these queens of the cinder track are a horsey lot, with more strength than grace, who ought to have a lot more sense than to take up an arduous sport in which only men excel?

Margaret Edwards - Britain's' Championship Backstroke swimmer and three times world record holder, was having her hair done when we found her. "I am lucky it's curly," she told us. "I only need pat it into place when I have been swimming." Her slender figure belies the popular notions and she laughed when we mentioned it to her. "It's an advantage to be slim on the hips and my weight - eight and a half stone - hardly varies at all." She makes most of her own clothes and strongly believes in enjoying herself: "I don't believe in giving up everything for swimming." Her boy-friend - now in the army - thoroughly approves.⁴⁵⁹

Throughout the article the emphasis remains on how they managed to 'enjoy being girls', despite their physical prowess. In some ways, the article is framed as trying to break down the cultural expectation that accompany women who participate in sports, by emphasising other aspects of their femininity. Nevertheless, it is clear that engaging in physical activity is widely understood to be antithetical to the maintenance of a traditional form of femininity, with Margaret's femininity relying, in part, on the approval of her boyfriend and her rejection of her sport as an all consuming passion.

In response to the greater social freedoms won by women during the 1970s, the boundaries of acceptable forms of physical activity do shift towards the end of the period, and alternate forms of exercise become an established part of the

⁴⁵⁹ 'They Keep Ahead with Beauty' (anon), *Good Housekeeping*, Vol. LXXVII , no. 2, February 1960, p. 76.

recommendations for a 'healthy lifestyle'. In both *Good Housekeeping* and *Jackie*, representations of exercise move out of the home, and more vigorous exercises, like running, become established as a normal activity for women to engage in. Team sports are also normalised, alongside more physical contact sports, such as Judo or non specific 'self defence' - suggesting a greater level of acceptance of women exhibiting competitive and assertive characteristics.⁴⁶⁰ Furthermore, women's exercise begins to move into public spaces, and increasingly women are pictured exercising outside in parks or the countryside.⁴⁶¹ Images of women exerting themselves in public spaces could be seen as a reflection of the small ways in which women's greater social and cultural freedoms outside of the home were now expressed in sports and leisure activities as well.

Physical and muscle training by women, however, remained contentious throughout the period. Emma Myres, a female weight-lifter interviewed for *Jackie* in 1985 exhibited this contentious relationship:

I am happy to say that my training has made me feel a lot healthier and,
I think, it has made me look better than before I started.

Not all body builders look like men and grow moustaches these days.
The American body-builder, Lisa Lyons, was probably the first girl to
build a championship-standard physique and still look intensely
feminine and glamorous. Now lots of girls are trying to do the same. So
don't worry, mum, I don't think that I'm ever going to look like Arnold
Schwarzenegger!⁴⁶²

While Emma is presented as enjoying her bodybuilding hobby, and is proud of her ability to compete with the other men at the gym, she remains reluctant to associate herself with the traditional stereotypes associated with body building, choosing to describe her body within the traditional sexualised slender form. Lisa Lyon was known

⁴⁶⁰ See 'It takes all sports!', *Jackie*, p. 23, 'Thin is Beautiful', *Jackie*, no. 1308, January 28th 1989, or Heather Bampfylde, 'Getting Fit In Pregnancy', *Good Housekeeping*, vol. 127, no 2, February 1985, p80-1;

⁴⁶¹ Yvonne Light, 'Walk Your Self Slim', *Good Housekeeping*, vol. 138, no. 5, November 1990, p. 165, or Richard Barber, 'Lyn Redgrave: Goodbye to All Fat', *Good Housekeeping*, vol. 138, no. 6, December 1990, p. 75.

⁴⁶² 'Emma's Some Body!' (anon), *Jackie*, April 20th, no.1111, 1985, p. 24.

for exhibiting a more overtly feminised identity than traditionally associated with female body builders, most notably in a series of erotic images by the photographer Robert Mapplethorpe. 'Feminine' forms of exercise, whilst being reconfigured in some aspects, are still bound by notions of proper feminine behaviour and those women, whose interests fell outside culturally acceptable bounds, had to find new ways of negotiating a feminine identity. Such constraints on female athletes are still highlighted in contemporary British culture, with criticisms often focusing on the fact that women are not sufficiently encouraged to pursue sports, and that women's appearance still forms an important part of the cultural discourse surrounding female athletes.

Dieting as a Cyclical Process

Exercise as a part of weight management, as well as something that improves physical and mental health, was part of a wider reorientation of some aspects of advice targeted at women; the other change that occurred was in the way that food restriction was discussed. Over the 1980s, dieting was discouraged in response to the anti-dieting philosophy of the women's liberation movement, although in more conservative publications this occurred in different ways. For instance, whilst *Jackie* never fully embraced an approach that prioritised health over weight, its successor *Shout!* did. 'Don't Diet!' from 1995 advised its readers that 'Diets are bad for you!' and recommended that they should concentrate on 'being healthy', through an high intake of diet of fruit, vegetables, meat and a lower intake of fried food, as well as an increased level of exercise.⁴⁶³ While this could not be considered a feminist psycho-analytical approach in the manner of *Cosmopolitan*, the article also reminded its readers to consider why they want to lose weight:

Lots of thoughts creep into our heads when we think about having a perfect slim bod [sic] but are they really true?

'Losing weight will make my whole life better.'

⁴⁶³ 'Don't Diet!', (anon), *Shout!*, September 29th – October 12th 1995.

TRUTH: If there are parts of your life that make you unhappy, losing weight doesn't mean that they will go away. Weight loss doesn't make your problems disappear. If you are overweight slimming might make you feel better about yourself, but the other problems will still be there.⁴⁶⁴

Within articles like these, there was a clear intention to deconstruct understandings of weight management that young women might have held; by emphasising that weight loss might not be transformative. The emphasis on the potential emotional roots of seeking to change one's weight, and the reminder to readers that it would not necessarily make them feel better about themselves is, perhaps, reminiscent of those articles from *Cosmopolitan* that linked obesity and overeating with an emotional impetus that caused disordered eating habits. Similarly, while this could not be considered an anti-dieting message, similar to that of the Fat Underground or other radical organisations, there is a shift away from the conservative dieting culture that imbued advice in magazines aimed at young teenage girls in the 1970s and early 1980s. However, *Shout!* did continue to emphasise traditional forms of femininity that were based on appearance and finding a boyfriend. Furthermore, although it may have enjoined readers to not 'diet', the advice on healthy eating, and the way that it was linked to weight or appearance, meant that understandings of weight, personal habit, excess weight, and individual fault continued, albeit within a new language of health. Therefore, although an anti-dieting discourse may have originated from feminist quarters, within more conservative magazines this was re-interpreted in line with a more traditional understanding of femininity.

Avoiding 'diets', in favour of healthy eating, is an approach that was also taken in other forms of weight loss media as well. For instance, *Good Housekeeping's* 'Beating the Christmas Binge' from 1990 in the 'Eating for Health' Column, described the importance of moderation in reference to the effect that it might have on health:

Have you ever thought about all the strain your body is under with all sudden onslaught of all that extravagant food at Christmas, especially

⁴⁶⁴ 'Don't Diet!', (anon), *Shout!*, September 29th – October 12th 1995.

when you've been obeying that 'moderation' rule all the rest of the year? A little bit of good does you good, but the trouble starts when a little turns into a lot. Overeating can wreak havoc with the digestive system ... not to mention dealing with alcohol and the storage of extra energy in the form of fat. So show your body a little consideration and follow our tips for preventing that overfull Boxing Day feeling and avoiding that obligatory Boxing Day diet.⁴⁶⁵

'Beating the Christmas Binge' suggests that healthy eating occurs throughout the year, including the festive period, which allows women to avoid the unpleasantness of a January diet. Typically, for this newly formed framework of weight management, dieting is not recommended, yet weight loss is still part of the discussion, and there is a lingering assumption that any weight gain would be unwanted and would be addressed through behavioural augmentation.

'Healthy eating plans' were considered different from traditional diets, particularly those associated with calorie counting, and to underline this perception, 'healthy eating plans' might refer to themselves as 'gourmet cookbooks', or as a 'cuisine' for slimmers. Enjoyment of food and the wider weight management process is constructed as central to this new approach; only through a renewed enjoyment of food, albeit the 'correct' foods, are permanent change in eating habits achieved. Take for instance, this description of *The Complete Slim Cuisine*:

Isn't food wonderful? When life turns sour, food is there to console us; when fortune smiles, food is there to help us celebrate. It nourishes, comforts and provides sensuality and fun in equal measure. Alas, food can also make us fat and ill, and cause us to lead anguished pendulum lives as we yo-yo between near-normal weight and obesity, between guilt and enjoyment and despairing aversion ... It [the book] is meant to be a safe harbour for those who struggle with obesity and a guilt ridden relationship with food. Revel in all its delicious aspects, and never be fat again.

⁴⁶⁵ 'Beating the Christmas Binge: Eating For Health', *Good Housekeeping*, vol. 137, no. 1, January 1990, p. 158.

Enjoy!⁴⁶⁶

Dieting is associated here, as it is in many other instances, with a negative relationship with food and with the process of 'yo-yo' dieting.⁴⁶⁷ However, rather than eschewing the attainment of an ideal body, the alternative is to follow a healthy eating plan (which could also be considered a low fat diet) that promised to result in weight loss. As a consequence, healthy eating and lifestyle plans, which were (within feminist discourse) part of an anti-dieting agenda that sought to achieve a holistic version of health over circumscribed body shape, are incorporated into these commercial weight loss eating plans. These plans construct themselves as against 'dieting', whilst also offering an alternate way to achieve the idealised slender body. Therefore, although the language may have changed, an undercurrent of belief remained, which associated excess weight with personal responsibility and individual fault, and potentially facilitated continued feelings of shame regarding body weight.

Conclusion

The legacy of the theoretical intervention of second wave feminism in dieting culture is complex. It may have succeeded in tarnishing the notion of 'dieting' but it did so by aligning weight with emotional problems in women. It associated women's weight with the issue of yo-yo dieting, which fed into a wider framework that positioned the relationship between women and food as one of upset and emotional trauma. In particular, women who were overweight or obese were reconstructed as women who were unable to deal with their emotions through other outlets and so over-ate to compensate for these negative feelings. Commercial re-casting of dietary plans as a health plan, where 'gourmet' and 'cuisine' foods dominated were part of a wider shift to re-imagine weight loss as part of a process that re-captured a joyous relationship

⁴⁶⁶ Kreitzman, *The Complete Slim Cuisine*, p. xiii.

⁴⁶⁷ For example see, Wills, *Fat Attack*, p. vi, or Conley and Bourne, *Rosemary Conley's Hip and Thigh Diet and Cookbook*, p. 22, or Francine Prince, the *Dieter's Gourmet Cookbook: No sugar, no salt, low fat and low cholesterol* (London: Foulsham & Co Ltd, 1981), p. 6, or 'I was a compulsive eater: a problem shared...', *Shout!*, no. 90, August 2nd – 15th 1996.

with food. By the 1990s, slimming, or healthy eating plans, were framed as an empowering process that helped women to regain control over their emotional relationship with food, and as a consequence, overweight signified the existence of unmastered emotional problems.

Fig. 3 aside perhaps best summarises the way that overweight women were understood by the mid 1990s; the Christmas pudding that replaces the woman's body refers to the idea that the bodies of overweight women were difficult, heavy and uncomfortable to live with. While the concerned, slightly panicked, look on her face and the large spoonfuls that she seems to be taking while walking speaks to a frenetic way of eating – suggesting that the eating habits of the woman represented in this cartoon



is, in some way, unbalanced and driven by a particular emotional state. Thematically, this echoes the argument of the second chapter of this thesis, which suggested that re-labelling overweight women as emotionally unstable did not necessarily lessen the social expectation on the individual regarding body shape. Therefore, the consequence of feminist interventions in the world of dieting was ambiguous; it offered not so much a new approach to weight control, but a new layer of expectation whereby women were required to master their own emotional weakness in order to enable them to master their weight.

Fig. 5.3 Cartoon taken from *'Beating the Christmas Binge: Eating For Health'* (anon), *Good Housekeeping*, vol. 137, no. 1, January 1990, p. 158.

The discourses that have surrounded weight management since the 1950s are resilient. Feminine bodies were slender bodies throughout the period, and the expectation that women would want to achieve this ideal was considered as natural as the desire to get married and have children. Although representations of women's bodies in the mass media were - generally - getting smaller, the weights they were officially recommended to strive for did expand. However, the medical definitions of weight are not so significant in the context of this chapter, because it was how women felt about their bodies, rather than externalised markers, that drove expectations. Weight management for women tended to assume that women were not seeking to lose large amounts of weight, but small amounts, which could help perfect the figure,

and therefore, weight management was a consistent feature of women's lives - as it was a continual process of perfection.

Given the persistent interest in dieting, or latterly healthy eating, in the mass media between 1950 and 1995, it seems fair to assume that women continued to be interested in finding ways to achieve these ideals. Reasons as to why this interest continued, despite a greater awareness of the socially constructed nature of these ideals, can be understood by considering the motivations for dieting, as framed in the literature. Pragmatically, the promise that the newly slender woman would be able to buy new clothes or wear a bikini could seem of little consequence. However, once one delves into the wider symbolic meanings that are contained by this promise, the reasons for the persistence of weight loss discourses become a little clearer. Clothes were not simply material to cover bodies; new clothes were offered to women as symbolic of entry into a world and life that was previously closed to them. Embedded within weight management discourses throughout the period is a belief that improved confidence, a new wardrobe, a renewed quality of life, and better relationship with others, lay on the other side of the process. Dieting was framed as something that allowed women to grasp at their imagined self - an idealised version of themselves withdrawn from the mess and imperfection of everyday life.

Chapter 5: Slimming through the generations: constructions of dieting and femininity in the lifecycle

Dieting, by 1950, had become a powerful means through which a feminine identity could be achieved. Indeed, femininity and dieting had become so intertwined that a failure to control one's body shape was conceived of as a crisis of femininity because it corrupted the perfected presentation of the self as lover, mother, or wife.⁴⁶⁸ The social meanings attached to dietary restriction were related to the lifecycle. For young girls entering puberty, learning to diet was part of a process of assuming responsibility for self care, which allowed her to become an attractive partner to young men. For married women, weight management was a way to stem the personal crisis that was precipitated by aging and her perceived declining attractiveness, but effective management of the body weights of those around her also demonstrated her skills as caretaker of the family. Nevertheless, despite the different social meanings attached to weight management throughout the lifecycle, the imperative that women should engage in dietary behaviours as a way of controlling an unruly biology, which conspired to make women heavier than their 'ideal', is consistent throughout the period. Women were central to the policing of weight as mothers and wives conscious of the weights of their family, but they were also an important part of the mechanism that reminded other women of the feminine value attached to maintaining a perfected body shape.

Chapter four outlined the conceptual frameworks that were used to encourage women to ascribe to the slender ideal, and the broader social meanings that were attached to successful dietary management. It also considered the potential impact of second wave feminism on the way that weight control was presented. Although feminist criticisms did filter down to the advice in women's magazines, the importance placed on learning to understand one's emotional relationship with food disrupted neither the prevailing emphasis on the idealised slender body, nor the need for self-

⁴⁶⁸ For further discussion of aging as a crisis of femininity refer to: Sarah Grogan, *Body Image: Understanding body dissatisfaction in men, women, and children* (London: Routledge, 1999), pp. 124-130.

control, self-governance and the shame associated with failing in this regard. To illustrate the underlying importance of femininity, within the advice literature, this chapter considers how dietary management was presented to young women as part of a project of developing the self, which marked the transition into adult womanhood. Once married, women were advised how to negotiate key milestones in the feminine life-cycle whilst maintaining a 'youthful' control over their body. Marriage, pregnancy, and aging were all presented as part of a 'downward' trend that threatened the dietary equilibrium achieved during an idealised youth; a youth could be 'recaptured' through careful management of one's weight. The resultant picture is one where weight management was a feature of womanhood intimately woven into the span of women's lifecycles.

Theoretically, this chapter continues to draw on the Foucauldian concept of governmentality outlined at the beginning of this thesis. In particular, this chapter echoes the arguments made by Cressida Hayes, who suggested that a discourse of neo-liberal self-empowerment, which encouraged women to see weight management as a part of personal development, dominated contemporary advice.⁴⁶⁹ Of course, in some ways, this argument also echoes the previous chapter, which emphasised the way that weight loss was presented as a way of achieving an idealised version of the self. Hayes' work is also theoretically underpinned by the work of Nikolas Rose and Peter Millar, who employ Foucault's concept of governmentality as a way of explaining how populations are managed using "local tactics of education, persuasion, inducement, management, incitement, motivation and encouragement".⁴⁷⁰ The perceptibly mundane series of actions, techniques, and procedures that are used in weight management are considered in this chapter, and analysed for the way that dieting was taught to young women as part of the feminine ideal.

Of the three ways of governing the self highlighted by Rose in his article 'Identity, Genealogy and History', this chapter focuses on the role of 'mastering the self' that runs within the literature targeted at women throughout the life cycle. While the previous chapter suggested that the balance began to shift, in a linguistic context, towards knowing and caring for the self as a result of the intervention of second wave feminism, this chapter considers the continued role that learning to master and control

⁴⁶⁹ Hayes, 'Foucault Goes to Weight Watchers', p. 140.

⁴⁷⁰ Rose and Miller, 'Political Power Beyond the State: Problematics of Government', p. 175.

one's impulses had within the literature. However, this chapter also distinguishes between the different forms of mastery that were offered to readers. Specifically, while material aimed at a younger audience tended to follow the route of moral authority (implying the development of more formalised rules regarding diet that were imposed by disciplinary figures), advice aimed at older women tended to be offered within the confines of an ethical authority (offering less formalised codes of behaviour, whilst appealing to a pre-existing set of behavioural codes in the individual).⁴⁷¹ In particular, this chapter will seek to explain the historical roots of how women were introduced to, and encouraged to adhere to, self-governance through dieting. It will also touch upon the ways that relationships between women developed so that they were inflected by an expectation that other women conform to these dietary codes of behaviour.

Previous chapters have outlined how existing historiography on women's weight has tended to focus on the idealised representations of women within lifestyle literature. This focus on idealised representations tended to ignore the ways in which women were induced to lose weight, and the importance of the idealised version of the self that weight loss was supposed to produce.⁴⁷² This argument is developed within this chapter to include a consideration of how these ideals were played out throughout the female lifecycle. A notable number of authors, such as Penny Tinkler and Angela McRobbie, have written specifically on the self in magazines aimed at teenage women, although they have had conflicting views on the advice that was on offer. Penny Tinkler, recently writing on magazines aimed at teenage girls between 1957 and 1970, has suggested that magazines such as *Honey* and *Petticoat* offered women in the 1960s a newly fashioned version of womanhood whose core features were independence, expressing oneself, fun and fulfilment. Such idealised representations, whilst representing liberation in some ways, were also potentially frustrating for many young women, as this period of independence was often disappointingly short lived due to the cultural emphasis on marriage and children. It was this frustration, indicates Tinkler, which may have spurred many women into becoming involved in second wave feminism as a result of their higher expectations in youth.⁴⁷³ While discourses in relation to body weight were not emancipatory for young women, the idealised visions for the

⁴⁷¹ See Nikolas Rose, 'Identity, Genealogy and History', pp. 134-141.

⁴⁷² For further discussion on this topic, please refer to the introduction and chapter 4.

⁴⁷³ Penny Tinkler 'Are You Really Living? If Not, Get With It!': The teenage self and lifestyle in young women's magazines in Britain 1957-1970', *Journal of Cultural and Social History*, vol. 11, issue. 4 (December 2014), p. 615.

future certainly are relatable to the argument made in this chapter; as is the suggestion that these idealised portrayals of the future (or of one's life once slimmer) can lead to intense disappointment and frustration.

Writing in the 1970s in the midst of the women's liberation movement, McRobbie was more critical of the discourses embedded within the pages of *Jackie*, given the importance placed on finding and maintaining a heterosexual relationship. McRobbie also suggested that the latent conservatism of *Jackie* also led to the declining popularity of the magazine in the 1970s and 1980s.⁴⁷⁴ The social conservatism of the images and roles offered to young women in *Jackie*, highlighted by McRobbie, is apparent in this chapter. Furthermore, it is clear that weight management discourses maintained these conservative tendencies while more liberal attitudes were established in other areas of women's lifestyles. Weight management literature relied on the wish to maintain a particular aesthetic portrayal of the self that is embedded within understandings of female glamour and attractiveness, which assumed a desire that one wants to be attractive to the opposite sex. Therefore, because weight control literature tended to work within heterosexual discourses, the advice tended to revert to traditional gender roles. The key difference between this chapter and existing work on women's magazines is that the existing histories tend to look at the advice on offer to younger audiences, because it is formative of the socio-cultural development of these women. However, this chapter considers weight management advice, and the different ways that it was constructed depending on age, and through this analysis it unpicks some of the ways that aging inflected perceptions of the self.

Women's magazines were predominantly consulted for this chapter (as they were for the previous chapter) with the majority of the examples drawn from two particular magazines - *Jackie* and *Good Housekeeping*. Lifestyle magazines, in contrast to books that specifically focus on dietary concerns, are used because they help to contextualise the role that dieting played in women's wider social and personal lives. McRobbie, Tinkler, and Mary Talbot argue that women's magazines played a formative role in shaping female identities, which further supports the decision to centralise lifestyle magazines within this chapter.⁴⁷⁵ Supplementing these magazines are articles

⁴⁷⁴ McRobbie, Angela. *Feminism and Youth Culture: From Jackie to Just Seventeen*, p. 81.

⁴⁷⁵ For further discussion of this refer to Angela McRobbie, *Feminism and Youth Culture: From Jackie to Just Seventeen*, pp. 81-83, or Mary Talbot, 'Synthetic Sisterhood: False Friends in Teenage Magazines' in

taken from the lifestyle pages in the *Scottish Sunday Express*, and dietary management books targeting women of various ages, such as *The Dieter's Gourmet Handbook*, or *The Sweet Dreams Body Book*. Initially, three magazines were consulted for this chapter, *Jackie*, *Good Housekeeping*, and *Cosmopolitan*, but because of the ideological position taken by *Cosmopolitan* during the 1970s and 1980s it proved to be less useful in the context of this chapter.⁴⁷⁶ *Jackie* largely covers the material aimed at a younger, pre-marriage audience; whereas *Good Housekeeping* caters to a much wider audience, indicated by the fact that it includes articles about self-care during pregnancy, but also offers advice about caring for one's grandchildren. Books on weight management, and the magazines chosen for this thesis, followed an underlying demographic trend, which categorised women by whether they were married; for instance in the 1980s, *Slimming Magazine* published a series of titles which included *Slimming Magazine's Working Girl's Diet Book* and *Slimming Magazine's Housewife's Diet Book*.

Aside from the demographic implications of the magazines chosen, a note should also be made about the class implications of using this material. *Good Housekeeping*, first established in 1910, has been characterised as a middle-class magazine, because it came of age during the period when middle-class women were first learning to run and manage their own homes without the help of servants.⁴⁷⁷ Naturally, this will influence some of the ways that weight, glamour and presentation of the self are portrayed within those articles; particularly as aspirations of glamour, alongside traditional expectations that one should present the self as neat and tidy, which became intertwined aspects of post-war middle-class culture.⁴⁷⁸ However the *Scottish Sunday Express* and *Jackie* might fairly be considered to be periodicals that reached a much wider class audience - McRobbie, for instance, has consistently defined *Jackie* as a working class magazine.⁴⁷⁹ Nevertheless, the ways of presenting the self through one's body do not seem to vary drastically between those publications aimed at middle class readers and those aimed at working class readers. Likewise, class

Gender Articulated: Language and the Socially Constructed Self, ed. Kira Hall and Mary Bucholtz (New York: Routledge, 1995), pp. 144-165.

⁴⁷⁶ For further discussion of the ideological stance taken by *Cosmopolitan* during the 1970s refer to chapter 4.

⁴⁷⁷ Lydia Martens and Sue Scott, 'The Unbearable Lightness of Cleaning: Representations of Domestic Practice and Product in Good Housekeeping Magazine (UK): 1951-2001', *Consumption Markets and Culture*, vol. 8, no. 4, December 2005, p. 385.

⁴⁷⁸ Langhammer, 'The Meanings of Home in Postwar Britain', pp. 341-362.

⁴⁷⁹ The best example of this would be: Angela McRobbie, *Feminism and Youth Culture*.

differentials do not seem to have any discernible impact on the absence of discussion on the costs or economics behind food purchases, nor the role that this might play in weight gain.

The structure of this chapter falls into three parts; the first part considers how dieting was introduced to young women as part of their development into adult womanhood; it continues by outlining some of the contradictions that existed in the promotion of dieting to young adolescent women as an exhibition of femininity. Following on from this, the second part of the chapter discusses the various ways in which women's weight was presented as a way of fighting the crisis of femininity brought about by aging. For married women, weight gain was presented as an aging process, and therefore weight loss became an opportunity for women to recapture their youth by 'reclaiming' the silhouette of their youth. To conclude, this chapter examines the relationship between mother and daughter to illustrate some of the ways that women were expected to be watchful, not only of their own bodies, but also of the bodies of the women around them, thereby reinforcing the techniques of self-governance learnt through the pages of women's magazines. For the purposes of this chapter, the female lifecycle is split into two conceptual parts; the first relates to adolescence and young womanhood, while the second part considers women's lives after they are married. Naturally, the split does not necessarily reflect women's experience of weight management throughout their own lives, rather it reflects the way that women's lives were compartmentalised within the relatively conservative lifestyle literature of the 1950s, 60s, 70s and 80s. Weight management was consistently promoted within the literature as a way of learning to master one's bodily impulses and as a way of establishing a behavioural framework around food that remained intact for life, and these frameworks were to be reinforced by other women immersed in the project of the weighted self.

An Introduction into the World of Slimming: The 'cool older sister' and dietary advice

Throughout the lifecycle, the nutritional advice aimed at women remained largely the same, with the differences mainly emanating from the social and contextual positioning

of dietary advice. Although this is sociologically notable, it does represent something of an oddity as there was no noted difference between the physicality of an adolescent and a fully matured woman - age, it seems, was not a sufficient reason to avoid dieting behaviours. Indeed, advice was often presented in a way so as to construct dietary management as something which helped teenage girls personally develop; because it was an 'adult' endeavour that enabled young women wanting to take responsibility for their own self care.⁴⁸⁰ The importance placed on weight management as a form of adult behaviour, and the way that the cultural authority of the writer was used to reinforce these ideas, are an indication that the expectations being placed on young women were not necessarily being driven by the teenagers themselves. Instead, they could be considered part of an outside impetus that encouraged the disciplining and policing of eating behaviours.

Authors of articles in *Jackie* were often placed in a position of authority over the readership, and there were several ways that this could be achieved; in some articles, the advice employed an informal and confessional tone, which was intended to encourage the readership's identification with the aims of the author. *Jackie's* 'New Shapes for Old' columnist 'Ingrid' often wrote in this style:

Well have you managed to resist temptation during the past week? Did you say no to those chips, chocolate biscuits and hot cross buns? No, me neither! But this week I am going to let you know exactly what you should eat, and which things you should avoid to keep in shape. So from now on, there's no excuse for any of us to over indulge!⁴⁸¹

Few authors in *Jackie* are specifically named, often there is nothing to indicate who has written the article, yet in this instance the name 'Ingrid' is given. 'Ingrid' invites her readers to share in her dietary journey, following her successes and 'mishaps' along the way. Such devices serve to construct 'Ingrid' as a friend of the reader; and so, for those following her advice, the process becomes something more akin to a shared friendship activity. Naturally this 'friendship' is figurative rather than rooted in an actual exchange of experience; however readers are also encouraged to turn their dieting into a social

⁴⁸⁰ For a more detailed discussion on how the need for weight loss, and the implicit motivations for weight loss, were presented in advice for women refer to Chapter 4.

⁴⁸¹ 'Ingrid', 'New Shapes for Old: You are what you eat', *Jackie*, March 22nd, No. 585, 1975, p. 6.

activity by forming a slimming club with friends.⁴⁸² Through the construction of slimming and dieting as a shared social experience conducted with friends, dieting behaviour is integrated into the substance of young female friendships - thereby normalising it as part of the substance of day-to-day life.

Friendship and informality are certainly characteristic of the way that dieting was normalised by the writers within the magazine. However, it is also clear from the literature that the 'friendship' between the writers and the readership was not one of equals. McRobbie has argued that 'Cathy and Clare', the long-standing agony aunt column in *Jackie*, adopted the figurative role of knowledgeable 'older sister' or 'cool aunt'.⁴⁸³ One can assume that the purpose of adopting this role is that the authors are approachable, while also allowing them to maintain a degree of influence over their readership. These relationship patterns are reflected elsewhere within the magazine, including within columns that offer diet and beauty advice. For instance, in the quote from 'Ingrid' above, we can see how greater knowledge and understanding of weight control is also mixed with a reminder that once advice has been given the readers should act accordingly, creating something of an informal social contract. A similar approach is taken in the excerpt (also from 'Ingrid') below:

"Enough" I said, "it's time to get back into shape". And even as I sit here in between every few sentences I write, I'm clenching and relaxing my leg muscles (great for shaping them up) under the desk. Ooh! ... exercise is something that we should never neglect. If you want to improve your health and appearance, take note and read on ...⁴⁸⁴

Here we can see that the friendship and camaraderie of following the diet along with 'Ingrid' is combined with a more authoritative edge, her warnings about the potential impact of failing to heed this advice on the reader's appearance is a theme that persists in the remainder of the article. Therefore, while dieting is made accessible through its casual tone and the processes of normalisation discussed later, the authors are, nevertheless, situated in a position of power. In some instances, this position of power

⁴⁸² 'Weighting For You... A *Jackie* Guide to Slimming' (anon), *Jackie*, April 15th, No. 432, 1972, p. 11.

⁴⁸³ Angela McRobbie, *Feminism and Youth Culture*, p. 109.

⁴⁸⁴ 'Ingrid', 'Don't Just Sit There – Do Something!', *Jackie*, April 12th, No. 588, 1975, p. 42.

is made more overt, with the intention of coaxing the readership into adhering to more accepted dietary patterns:

Dear Cathy and Claire - I've been on the *Jackie* diet for three weeks - at least I started it, but after four days I ate some chocolate and thought: "Aha! Stick that on your calorie chart *Jackie!*" I tried again, but after a couple of days I bought a large bag of crisps and scoffed the lot! How can I stop myself?

First of all get it through your thick head that it's not us here at Jackie you're cheating - it's yourself. Go off our diet and scoff carbohydrates and our hips won't broaden an inch - but your skirts will get tighter and tighter and your skin spottier. Is that really what you want?

*... Keep trying - remember willpower is like a muscle. The more you exercise it, the stronger it gets. And don't you dare write to us again till you're skinny!*⁴⁸⁵

The operational power structures that function within the magazine as it teaches adolescent girls about dieting and 'body work' are more overt in this passage. Cathy and Claire's admonishment of the reader is based on more traditional structures of adult-child interaction; although it is notable that this relationship is also endorsed by the young woman who positions herself and her behaviours as something akin to those of a naughty child. This exchange illustrates how the power relationships established within the magazine do give the authors a considerable level of cultural authority; an authority that the readers (seem to) reproduce, in the ways that they construct their own correspondence. These hierarchies of power are particularly significant when one considers, in turn, the potential impact that they can have on the interpretation of advice. Many researchers have written - with good cause - on the problematic nature of assuming passivity in the way that contemporary women respond to idealised images and dietary advice; naturally, women reinterpret advice within the bounds of their own experiences, thereby facilitating a critical analysis of representations that do not

⁴⁸⁵ 'The Cathy and Claire Page', *Jackie*, June 17th, No. 441, 1972, p. 38.

correspond to their own experiences.⁴⁸⁶ However, this may be different in younger girls, as other authors have noted that girls tend to be particularly ‘transfixed’ by representations of the body within magazines, despite a critical reading of other aspects of teen magazines.⁴⁸⁷ Furthermore, in the period under consideration here, the hierarchies in place are perhaps more overt because of the greater acquiescence to parental authority that existed in this period.⁴⁸⁸ Therefore, it could be argued that, although young girls in this period may have also questioned the literature, the construction of the articles, and the greater social expectation that children adhere to the authority of their elders, may have made it harder for young women to question the discourses presented to them about their body shape.

With this in mind, the advice prescribed in *Jackie* should be considered in a different light to advice aimed at older women, wherein readers were perhaps less likely to defer to the author. For instance, it would be unlikely that advice literature aimed at older women would admonish their readers, yet in *Jackie* these forms of interaction are far more common:

So face the facts - if you want to stay fat and gross the rest of your life, you're certainly going the right way about it and nothing's going to change unless you do make the effort to diet and exercise - everyone's got it in them to do it, if they really want it ... You *have* got the willpower, and you'd better start using it - unless you're aiming for the Guinness Book of Records as the fattest teenage, that is ... !⁴⁸⁹

Therefore, the advice, attitudes, and opinions in *Jackie* were likely to carry greater significance than weight management advice offered in other contexts. Under such circumstances, the agency that might be expected from older women in relation to

⁴⁸⁶ See Pirkko Markula, ‘Firm but Shapely, Fit but Sexy, Strong but Thin: The postmodern aerobicizing of female bodies’, *Contemporary Issues in Sociology of Sport*, ed. A. Yiannakis & M. J. Melnick (Human Kinetics inc., 2001), p. 254.

⁴⁸⁷ Lisa Duke and Peggy Kreshal, ‘Negotiating Femininity: Girls in Early Adolescence Read Teen Magazines’, *Journal of Communication Enquiry*, vol. 22, no.1 (1998), p. 54.

⁴⁸⁸ It has been suggested that the 1970s, due to greater choices for young women resulting from free access to the pill and abortion, there was a corresponding decline in the way that parental authority was viewed by young women; it was now possible for a young woman to have sex without fear of pregnancy and, even if she were to get pregnant, this, too, could be dealt with without the involvement of parents. Rickie Solinger, *Beggars and Choosers: How the politics of choice of adoption, abortion and welfare in the United States* (New York: MacMillan, 2002), p. 93.

⁴⁸⁹ ‘Your Letter’s Page’, *Jackie*, May 13th, No. 436, 1972, p. 2.

these discourses might have been harder to achieve for younger women. This is particularly the case when one considers that remaining 'fat' or 'gross', or being unappealing in one's clothes, is posited as the consequence of ignoring the guidance of those with greater social and cultural standing than their young readership. It was common for readers to be warned of these negative consequences after they were advised how they might gain a mastery over their impulses and develop techniques to control their impulses, as a way of underlining the importance of the advice on offer.

Overwhelmingly, the interactions between readership and magazine encourage a hierarchical relationship between the two parties, and in those instances where the slender ideal is openly questioned by the readership, the authors respond by reasserting the dominant cultural discourse on weight management. Given the role that the magazine adopts, as a knowledgeable older sister guiding young women towards adult womanhood, one can see why such discourses were reproduced as strongly. Take, for instance, the following letter from 1972 in which a reader complained about the idealised representation of women in the magazine:

Complex Problem!

I protest! It's totally unfair! Why are all your models slim, elegant creatures? D'you realise that you are slowly but surely giving us fatties a COMPLEX!

So how about putting a smile on our faces by using a really plump model to show off these smashing togs?

Julie McCrea,
Totten,
Southampton.

(Ah but its all part of the great incentive to make YOU slimmer! – S)⁴⁹⁰

'Julie's' concerns are not addressed in the editor's response, rather her questioning of the choice of models in the magazine is presented as the reader not understanding part of the purpose of the magazine, perhaps due to her naivety. Girls who questioned the

⁴⁹⁰ 'Your Letters Page', *Jackie*, May 13th, No. 436, May 13th, 1972, p. 2.

traditional discourses of weight management tended, as in the instance above, to be rebuked or presented as lacking in the maturity to understand that particular facet of cultural life. Often, this was accompanied by a reminder that the dietary prescriptions in the magazine were offered for the good of the reader herself, because it facilitated her own self improvement and consequently, happiness:

Dear Cathy and Claire - I hardly dare tell you my problem - everyone thinks I should be ashamed of it. But here goes. I'm fat! Ouch!

I know it's anti-social (I take up one and a half seats on a bus) and could lead to trouble in later life, but really, I can't get worked up about it. Does being fat really matter?

Matter to whom? You say that everyone thinks that you should be ashamed: do you mean that your friends are getting at you to be slim? If so, tell them it's none of their business (unless they're sitting next to you on a bus). Or are you really worried about your fatness and just pretending you don't mind?

If you would secretly like to lose weight, stop pretending and do something positive, like going to the doctor and asking for a diet sheet. Then follow it - your nagging friends should be delighted to see you stick to it.

But if you are really resigned to being one of nature's dumplings, take heart - you're probably far more serene than your slender friends if they even smell chips frying. And more clothes shops are catering for supersize girls - though you'll have to face the fact that your clothes will cost more than skinny Liz's. (Why? Because they take more yardage and stitching, that's why!) But paper patterns are cheap enough in all sizes, and it's worth learning to sew if you want a perfect fit and the most up-to-date fashions. You could find a dressmaker and have everything made ... but you said that your problem was too much weight, not too much money!

We'd also advise taking up some form of gentle exercise - swimming or dancing, perhaps - to stay in shape. Firm flesh is attractive, sloppy flab isn't. Enjoy yourself. As struggling skinnies, we must admit we envy you. Have a cream bun on us!⁴⁹¹

⁴⁹¹ 'Cathy and Claire Page', *Jackie*, 15th January, No. 419, 1972, p. 11.

Encouragement for the reader to feel self-confident in her shape is a little dwarfed by the following suggestion that her ambivalence about her weight is, in fact, a front for a deep-seated unhappiness about her body. The undesirability of remaining at her current weight is made clear by the references that 'Cathy and Claire' make to resigning oneself to being a 'dumpling' for life. Implying that by refusing to change her habits, her weight and its associated problems - such as more expensive clothes - are an active lifestyle decision. Embedded within this idea of 'resigning' herself to being a dumpling is a nod towards the idea that she should learn to control her weight, as the authors do, as part of an aspirational form of self-development.⁴⁹² Similarly, it is also made clear that even if she were to choose to remain at her current weight, it would not be a decision that the authors themselves would support. This is evident through the instruction that she should start exercising - even if she doesn't want to lose weight - because 'sloppy flab' is seen as unacceptable in any circumstance, although what 'firm' flesh consisted of remained unclear. Therefore, changes in her dietary and exercise behaviours should occur under any circumstance anyway. Implicit within the description of themselves as 'envious' of the reader, and their entreaty for the reader to 'have a cream bun on us', serves as a reminder to other readers of the boundaries of proper and - given the preceding statement - attractive behaviour.

Developing the adult self through weight management

Will-power, perseverance, and self-discipline form the crux of dietary management advice in *Jackie* articles; but it is also exhibited in *The Sweet Dreams Body Book*, released in 1983, which recommended that its readers: "Develop will power, that magic force that makes you want to be thinner more than you want that piece of cake"; an extra piece of cake a day for a week, it warned its readers, would result in weight gain of a pound.⁴⁹³ Such explanations for excess weight place the readership at the centre of any problem, and therefore 'success' and 'failure' becomes embedded within the

⁴⁹² This refers to the argument made by Tinkler that the authors of articles in magazines are often expected to be a form of aspiration, because they are a few years older and living independently. See Penny Tinkler, 'Are You Really Living? If Not, Get With It!', p. 605.

⁴⁹³ Julie Davis, *The Sweet Dreams Body Book: A Guide to Diet, Nutrition, and Exercise* (London: Bantam Books, 1983), p. 17.

bounds of 'good' and 'bad' behaviours. Although the age of the readership does not change the sense of responsibility that she is expected to feel about her body, the age difference does tend to lead to a simplification of advice, with foods often being dichotomised through a characterisation of 'good' or 'bad'. Foods considered bad were referred to as food 'sins' - which served to further entwine eating behaviours within the discourse of personal morality.⁴⁹⁴ The use of moralising discourses regarding food reflects the way in which dietary restriction was presented as a proxy for the development of adult systems of moral behaviour.

Developing an adult sense of responsibility and personal morality is one of the many ways that weight loss was presented as helping young women develop their adult personas. The two images below are taken from an article from 1980 on various diets done by readers in preparation for the festive period:



Fig.5.1



Fig.5.2

Fig. 1 & 2 'A Slim Chance!', Jackie, No. 882 November 29th, 1980, p. 24-5.

Transition shots, or 'before' and 'after' photos are still a commonly used tool within weight management literature; with 'after' photos tending to use a different hair style and make-up, better light, after photos are also taken at angles that emphasise perceived desirable features.⁴⁹⁵ The photographs above follow this general formula, however, they also include other facets that imply that the participants has also matured in the process. In the 'before' shot they are photographed wearing bright colours, and the clothes themselves are loosely fitting, and participants (where shoes are seen) are wearing trainers or another form of flat shoe; whereas in the after photo

⁴⁹⁴ 'Ingrid', 'What's Your Secret Sin?', *Jackie*, May 10th, No. 592, 1972, p. 19.

⁴⁹⁵ For a discussion of these trends see R. L. Cleland *et al.*, *Weight Loss Advertising: An analysis of current trends*, A Federal Trade Commission Staff Report (September 2002), pp. 11- 13.

the participants are wearing more sombre colours, high heels, and more form-fitting clothes - which implies the development of a more 'womanly' figure. 'A Slim Chance!', the article that these photos are taken from, is an acute representation of this, given that the girls in the photos appear to age significantly and are dressed in clothes that might be expected of women fifteen or twenty years older. Nevertheless, such details are intended to portray a process of transformation whereby weight loss forms the focus through which the adolescent girl develops a more adult body shape, while the imagery is also intended to reflect the exploration of an adult persona.

Presenting weight management as a process that facilitates the reader's development of an adult identity also required the readership to be taught how to critically analyse their bodies within the confines of body shape discourses. The development of a critical understanding of one's body shape is encouraged through magazine features that discuss 'problem' areas along with exercises to reduce them, although this was also reinforced through the letter and problem pages in *Jackie* as well. To achieve this self-awareness, the authors offer techniques that could be used by the reader to highlight the parts of her body that she should be self-conscious about, which differs from advice for older women who were assumed to have a clear understanding of their own flaws.⁴⁹⁶ In some articles, readers are encouraged to stand in front of a mirror and critically examine their body, focusing on each appendage in turn, so that they may learn to recognise their own 'danger' areas. This is followed by guidance on exercises that focus on particular parts of the body, such as the legs or upper arms, so that the reader could tackle these new-found concerns. Common problem areas identified by *Jackie* include bust, arms, tummy, double chin, thighs, legs, waist, and ankles.⁴⁹⁷ The processes established in this type of article both introduce, and normalise, points of potential self consciousness in the female form. Developing an understanding of the intention to highlight 'problem' areas emphasises how exposure to literature in this vein could foster confusion and self-consciousness about one's body.

It would be difficult to discuss the nature of dietary advice aimed at young women, without also noting the problematic nature of weight management advice aimed at women of this age. It was noted in the previous chapter that weight loss stopped being promoted in magazines aimed at adolescent women during the early

⁴⁹⁶ For further discussion of this refer to Chapter 4.

⁴⁹⁷ For examples of the identifying your problem areas articles see: 'In the thin of things', *Jackie*, March 18th, No. 428, 1972, p.6, or 'Exercise Surprise! Beauty Box', *Jackie*, No. 464 November 25th, 1972, p. 8.

1990s; this was partly due to a trend that reflected the wider suspicion of dieting in favour of advocating a 'healthy eating approach' within weight management literature. Another layer of reasoning added into this decision centred on the argument that younger women should not try to lose weight because their bodies were still growing, and so restricting one's diet at this point in life could have negative consequences later in life. Furthermore, concerns were raised that puberty, as a period of considerable bodily change, was normally accompanied by a period of physical expansion and weight gain, particularly in women, as a normal part of the female lifecycle. Advertising diets to young women at this point in their lives could make young girls feel less comfortable about their bodies, and so puberty could be confused with getting fat, potentially leading to eating disorders in young women.⁴⁹⁸ These concerns were particularly vocal in the wake of second wave feminism, when the issue of eating disorders and poor body image in younger women became an increasingly visible issue. As a response to these concerns, narratives of the female body (within literature aimed at young girls) developed sensitivity to the relationship between weight and changes in young women's bodies during puberty.⁴⁹⁹ Therefore, the greater awareness about advertising diets to children can be seen as one of the deeper and more lasting consequences of second wave feminism's intervention in the world of dietary management.

A more sensitive approach to dieting, and the teenage feminine body that manifested itself after 1990 is different - almost to the point of contrasting - to constructions of teenage dieting prior to 1990. Previously in this chapter, it has been noted that the desire to lose weight was assumed in advice for the young readers of these publications, thereby echoing understandings of body weight in the literature aimed at older women. Furthermore, given that weight loss, as the purpose of dietary advice, was not questioned, the literature that promoted dieting to young women also served to normalise it as a feminine activity. Readers are encouraged to accept this understanding through the use of age-experience power dynamics within the literature,

⁴⁹⁸ For examples of the literature that was developing these arguments during the late 1980s and early 1990s, refer to: Jean Kilbourne, 'Killing Us Softly: Advertising and the Obsession with Thinness', in *Feminist Perspectives on Eating Disorders*, ed Patricia Fallon, Melanie Katzman, Susan Wooley (Guildford: The Guildford Press, 1994), pp. 397-7; or, Lori Irving, 'Mirror Images: Effects of the standards of beauty on the self- and body-esteem in women exhibiting varying levels of Bulimic symptoms', *Journal of Social and Clinical Psychology*, vol. 9, no. 2 (summer 1990), p. 231.

⁴⁹⁹ See, 'I really miss sausage rolls!', *Shout!*, July 21st – August 3rd, No. 63, 1995, or 'Don't Diet!', *Shout!*, September 29th – October 12th, No. 68, 1995 for examples of how this change was being reflected in the literature aimed at young women themselves.

which encouraged acquiescence to the advice offered. These dynamics also served to heighten the impact of the contextual positioning of advice within the magazine. Smaller items on the importance of learning to manage one's weight were often included in much broader articles that explained processes of feminine self-care. Consider, for instance, a *Jackie* 'Beauty Box' column from March 1972; this column contained a list of 'dos' and 'don'ts' in health and beauty regimes that needed to be adhered to if the reader wished to be considered a 'nice girl'. Readers were informed that 'good girls' didn't "have superfluous hair" or "smell nasty"; but they did maintain good grooming habits such as "keeping their hair clean and shiny", or "have good skin and apply make-up well". Also enveloped within this list of positive habits was this explanation of why weight management was important:

[Good girls] ... keep their figures slim and trim.

A nice girl knows that she'll never look her best in colourful clobber if she's even slightly overweight. Or at least, she can recognise her faults, and hides them well - no shorts for generous hips, no bulges showing in a tight dress etc. We've got a whole page on fat fighting this week, plus more to come so there won't be any problem finding out diets, exercises, and hints. It's purely a case of putting your mind to the cause, and getting yourself really trim.⁵⁰⁰

Introducing the article to its readers, the author explained what it meant to be a 'nice girl' in the following way: "everyone thinks they're a nice girl, but do you really make the grade? Nice to know, nice to kiss, nice to be seen around with?"⁵⁰¹ The article's repetition of the word 'trim' and the emphasis on the role of personal grooming hints towards an understanding of femininity which is formed through being viewed as neat and presentable. Overweight, and other failures in personal care, would result in being viewed as being socially un-presentable. Teenagers who rejected these rules, or were not successful in following them, were presented as socially repugnant; therefore, the consequence of failing to engage with these feminine behaviours was particularly severe. As suggested above, the importance of following the advice on weight

⁵⁰⁰ 'Beauty Box', *Jackie*, March 11th, No. 427, 1972, p. 26.

⁵⁰¹ Ibid.

management is underlined by the contextual positioning of the advice; by placing it within articles that discussed broader issues, such as the importance of washing one's hair regularly, and applying deodorant in the morning, it equated weight management with hygienic processes that need be carried out on a daily basis as one reached puberty. Moreover, by linking overweight with other aspects of grooming that required daily routines and rituals, it highlights how dieting was not something that ought to be done occasionally; rather, it needed to be considered as part of a continual process of self management and vigilance.

The emphasis on weight gain, as a problem associated with puberty, illustrates how closely related the development of a weight management strategy was to a self-aware form of adult femininity:

The *Sweet Dreams Body Book* will help you go from baby fat to bikinis. It will help you get into shape with a surefire [*sic*] combination of diet and exercise. You *can* affect the way that you look and the way that you feel. Just turn the page and find out how!⁵⁰²

Dieting is presented as offering young women the opportunity to enact a transition; fat bodies were represented as childish bodies, with an implied childish mindset, which was transformed into an adult body that enjoyed the mature freedoms associated with young, self-confident women who wore bikinis. *Sweet Dreams Body Book* also highlighted that, while 'excess' weight was perceived to be acceptable for children, who were not responsible for their own weight. Once a girl reached puberty, and began to develop, she was expected to adopt slenderising behaviours, thereby exhibiting an awareness of the adult responsibilities of taking care for one's body.

Puberty, as the period of one's life where weight became a self-defined feminine problem, is a theme that often surfaces within the literature; in some instances, like the one discussed above, this is because young woman were constructed as needing to learn how to control their impulses around food. In other instances, the development of the body itself is problematic. This approach is illustrated in the following quote from a 1982 weight advice manual aimed at teenage girls:

⁵⁰² Davis, *The Sweet Dreams Body Book*, 1983, preface.

The simple fact is that your body's chemistry is changing. Your brain is sending signals that spark growth and the development of a shapely figure. These new curves are neither bone nor muscle, but a thin protective layer of fat that is distributed to the breasts, thighs, hips and rear. Your new chemistry encourages this fat layer, but the important thing to remember is that you control it.⁵⁰³

Herein lies the innate tension that exists within the discussion of weight management for teenage girls up until the late 1980s; whilst learning the weight management behaviours is presented as exhibiting a more mature form of femininity, the actual body associated with female adulthood is largely rejected. Indeed, the increased size of hips, bust and rear are all aspects of change that need to be fought against or, at the very least, carefully managed to avoid it pushing the boundaries of acceptability. Furthermore, it illustrates how one's natural impulses are presented as something that should be disregarded in favour of an externally developed dietary balance. As a consequence, eating habits become intimately linked to a discourse that understands the body as something that should be fought against and carefully managed; both in terms of its physical maturation and also in terms of its pre-existing eating impulses. The construction of weight management, as a battle of the unruly biological self against the rational intellectual self, is not understood as bound by any particular periods of the lifecycle, instead the behaviours being introduced are to be sustained indefinitely as part of a continual process of self-supervision and personal control.

Dietary advice aimed at young women, until the late 1980s, was based on hierarchal relationships between friendly, but older and wiser, sister figures who imparted handy tips and advice for the image conscious teen. Through this occasionally dictatorial relationship, advice is given that establishes the main conceptual frameworks through which the reader's understandings of weight, food and body image were often set for life. In particular, the advice served as a way of guiding young women through the new boundaries of acceptability regarding her developing body; she was taught that, during puberty, changes should be carefully managed so that she learnt how to develop an adult-like mastery over the unruly biology of her body. Ultimately, this resulted in the developing feminine body becoming a conflicted site of management, as

⁵⁰³ Davis, *The Sweet Dreams Body Book*, 1983, p. 9.

weight control was constructed as a habit cultivated by mature women, yet this maturity is to be achieved by rejecting those curves that naturally developed during puberty.

Marriage, Motherhood and ‘Excuses’ for Getting ‘Fat’

Controlling one’s weight for the purposes of catching a ‘steady’ (and eventual husband) occupied many of the articles aimed at the younger readers of *Jackie*. However, once this landmark in the life-cycle was achieved, the advice began to take a radically different form; books and magazines dispensing weight advice immediately began to warn women of the dietary dangers that accompanied married life. Comfort, pregnancy and, conversely, dissatisfaction with the realities of married life, were pinpointed as situations that would lead to an aging weight gain. Despite the idolisation of marriage and married life in the literature aimed at younger women and those who read *Good Housekeeping*, other sources of advice tended to portray a more ambivalent vision of the day-to-day experience of raising a family. Certainly, this forms the central theme of the book *Weight, Sex and Marriage*, by Richard Stuart and Barbara Jacobson. In the introduction they described motherhood as the ‘most fattening job in the world’ for the following reasons:

If we were asked to describe the most fattening job in the world, what would the job description include?

We’d start with a work setting that allowed easy access to a wide variety of foods. We’d insist that the worker take responsibility for planning meals, shopping, cooking, and cleaning up, so as to keep attention constantly focused on food and eating. And we’d add enough mundane tasks to create a level of boredom that makes eating seem interesting in comparison.

... And the job should include minimal contact with adults. Isolating the worker would make it easier to stop caring about physical appearance, and loneliness would make food an enticing companion. Finally, the job should be low on the status scale, in order to suppress the workers lack of self-

esteem. Lack of status could be achieved by making it a volunteer effort, since job status is usually evaluated by salary.⁵⁰⁴

Stuart and Jacobson, themselves husband and wife, offer a bleak portrayal of marriage; it is characterised by loneliness, dissatisfaction, and boredom, which results in poor self-esteem and overweight. While this description of marriage is at odds with the idealised portrayal of married life presented within *Jackie* and *Good Housekeeping*, the relationship between an unhappy married life and weight had been an undercurrent of discussions on women's weight since the 1960s. Take, for instance, the amphetamine scandal mentioned in the second chapter; amphetamines were commonly prescribed to women as an aid to weight loss in the 1960s. Over the decade, however, concerns began to grow about the potential for bored housewives to become addicted to the drug's other properties.⁵⁰⁵ Interpretations such as these rely on understandings of married women's lives whereby weight is a result of upset and boredom. Betty Freidan raised similar concerns in the *Feminine Mystique*, where she wrote that American housewives suffered a 'problem that has no name'; unhappiness and boredom.⁵⁰⁶ These ideas are also echoed elsewhere in the literature, although perhaps in less overt terms:

You enjoy showing off your culinary skills and serving your husband high-calorie cakes and pastries which you can't resist sampling ... Being at home all day, whether on your own or with young children to look after, creates special dieting problems which women who go out and work don't have to cope with. Cooking for the family can often mean a daily battle with temptation. With other people in the household to consider it's not possible to keep the cupboards bare, and proximity to a store of food for most of the day may be hard to handle.⁵⁰⁷

Slimming Magazine's Housewife's Cookbook framed the problem of overweight in the situational boredom and isolation of looking after young children. Therefore, although

⁵⁰⁴ Richard Stuart and Barbara Jacobson, *Weight, Sex and Marriage: A delicate balance* (A Fireside Book, 1989), p. 27.

⁵⁰⁵ For more information see chapter 2. or 'GPs Muddled, but Ministry Talks Likely', (no author accredited), *The Times*, Issue: 56990, 11th July, 1967, p. 8.

⁵⁰⁶ Betty Freidan, *The Feminine Mystique* (London: Penguin Classics, 2010).

⁵⁰⁷ *Slimming Magazine's Housewife's Diet Book* (anon), (London: Fontana Paperbacks, 1983), p. 7.

Good Housekeeping may have valorised the institution of marriage, other publications did address this issue - albeit in a more oblique manner than Stuart and Jacobson.

Self-sacrifice for the benefit of one's family, as mentioned in the excerpt above, illustrates some of the other ways that excess weight was defined by women's gender roles. Cooking elaborate dinners was presented as reflecting the housewives' dedication to her position as familial food preparer, and so the more enthusiastically she adopted this role the more likely she was to gain weight. Overweight in mothers, in this context, was constructed as a result of the care she took in feeding her family. Naturally, for those writing dietary advice aimed at married women, this represented a more agreeable way of constructing overweight, as they could partially circumvent the traditional discourse of personal weakness and moral failings within explanations for overweight. Through this prism of understanding, women could position their weight as a consequence of the care they took feeding their families; an explanation that might fit more comfortably with her identity of mother and carer of the family.

Given this particular rationale for excess weight in women, the diets that were offered as a solution to excess weight needed to be framed as compatible with the feminine responsibilities of cooking and feeding the rest of the family; the excerpt below is from an article published in 1985:

This [diet] could mean a change in cooking habits, but it doesn't mean a miserably restricted diet with all the temptation to cheat through hunger and sheer boredom. And, since this diet *is* recommended for everyone, there will be no need to prepare separate meals for yourself - or watch others eating, which can be a great deterrent for the mother of a family.⁵⁰⁸

Diets aimed at mothers were presented as an activity that could be incorporated into women's lives without requiring extra effort in the form of cooking additional meals; by constructing dieting as compatible with the eating habits of the rest of the family, the author is also implying that changing eating habits is for the wider benefit of the family in general. This is common within the literature; take, for instance, *Fat Attack*, in which Judith Willis enjoined her readership to do the following: "Please share *Fat Attack* and

⁵⁰⁸ Jane Shapiro, 'Family Matters: The question is...', *Good Housekeeping*, vol. 127, no. 3, March 1985, p. 97.

do your family a favour. This book is for you and for the people you care for.”⁵⁰⁹ Adopting the diet outlined within the book was, therefore, not simply something that women did for their own benefit, but was, crucially, also for the benefit of those around them. Dieting, under these circumstances, was switched from an act that was done for one’s own interests to something that was in the interests of the whole family. As a result, mothers could present themselves as more successfully fulfilling the expectation that a mother steered the health of the family, by aligning their eating habits with her improved dietary practices. Indeed, by not sharing this book, and the dietary practices contained within, she could be considered to be failing in her duty of care to those around her.

Explanations for excess weight that inverted the argument that weight was caused by loneliness and unhappiness were also derived from women’s familial situation, but, in this instance, it was a woman’s contentment with married life that caused problems. Such explanations for overweight tended to appear in *Good Housekeeping* as it helped to support its promotion of married life, although other publications, such as *Slimnastics*, a diet and exercise guide printed in 1970, also offered similar analysis. In the extract below, contentment with one’s life when successfully married was constructed as a clear ‘threat’ to women’s figures:

Jane is fairly typical of her age group, nineteen years old and recently married. She still lives an irregular life, rushing to work in the morning on little or no breakfast. During the day there are several appetising snacks to relieve her fatigue and hunger... After the office there is just time to rush home, fix the false eyelashes and change before going to a party or film. Plenty of snacks there! She did, however, cook her husband an excellent lunch on Sunday.

Before she was married Jane's weight was average. She was burning up many calories in anxiety over the latest love affair. Now, although she is living a fairly exhausting life, she is more stable and contented. She will continue putting on weight but it is also likely that she will become anaemic

⁵⁰⁹ Wills, *Fat Attack*, p. vii.

and unhealthy because her high carbohydrate diet is low in protein content and hardly contains any fresh fruit and vegetables.⁵¹⁰

Slimnastic's description of 'Jane's' diet is intended to capture the unusual stage in a woman's life, during a period after marriage, but while her and her husband are both still working and before any children are born. Accordingly, her life and diet are presented as busy and chaotic, and as not conducive to eating the 'proper' meals that it is assumed she would prepare if she were no longer working. Jane's lifestyle, despite the fact that she is married, is constructed as reminiscent of her life of a single woman, but with the added dietary danger of feeling secure and content, resulting in her becoming less concerned about her appearance and figure. In part, her 'problem' is presented as resulting from her tenuous position in the lifecycle. Her continued freedom to go out to parties with her husband, and the lack of any imperative to cook family meals for children, resulted in poor eating habits; after all, it is understood that she can cook, as evidenced by her 'excellent' Sunday lunch. Yet, without children to nurture and care for, her responsibility towards her own diet is ignored once she is happily married.⁵¹¹ Reasons for weight gain are, therefore, intimately linked within the literature to the way that women care for those around her, although reasons for weight gain varies, from loneliness and unhappiness in marriage, to too much freedom and a lack of responsibility resulting in careless eating habits.

Women as nurturers: Losing weight for the benefit of her family

If women's familial roles were a cause of their weight gain, these roles were also constructed as a motivation for learning to control their weight; this comes into stark relief when one considers the way that weight and pregnancy were discussed. Most often, this is emphasised through the discussion of the effect that weight gain has on a foetus or new born baby:

⁵¹⁰ Nottidge and Lamplugh, *Slimnastics*, p. 27.

⁵¹¹ Women's relationships can often be presented as almost entirely reliant on the desire to cook for those around her, for a further example of this see: Veronica Papworth, 'Eating in Solitary: When a cook can't play to a crowd!' *Scottish Sunday Express*, May 30th, 1965, p. 19. In this article the author describes women as unwilling to cook dinners for themselves, because of her need for a 'consumer reaction' to her efforts.

This baby is totally dependent on you. Therefore, it's absolutely essential, if you want to do the best thing for your child, that you keep yourself healthy. The correct mixture of a good, well-balanced eating plan, appropriate exercise, and relaxation, is the best way of ensuring that you stay as fit as possible.⁵¹²

Weight Control in Pregnancy: Healthy Mother Healthy Baby, an advice book from 1986, illustrates how mothers were encouraged to maintain a careful watch over their weight by presenting unstructured eating as a behaviour that negatively affected the child. Therefore, during pregnancy weight management became of vital importance, not only for a woman's own health, but for the health of her child as well. However, the relationship that was drawn between the health of the mother and the health of her children was not limited to advice aimed at pregnant women; it was also common for articles to chastise overweight women for the bad example their weight would offer their children as they grew up.⁵¹³ The result of emphasising the damage done to children by overweight mothers is that a failure to control weight had a dual consequence for women; she should lose weight for her own benefit, but there was also the additional imperative that by failing to do this she would also be failing her family as well. As a consequence, women's weight was not only a personal responsibility, but also something that should be controlled for the benefit of her family.

Women's responsibilities regarding weight were not only reserved for their children; it was also, as discussed in the previous chapter, likely to affect one's marriage as well. In particular, it was suggested that the 'comfort' women felt from getting married was considered a 'danger' point for weight gain. 'Danger' and 'risk' related language was often employed when referring to the idea of weight gain in married women. The use of such language related to the perception that the primary life goal for women was marriage, which was achieved (at least in part) through the establishment and maintenance of one's youthful figure. Therefore, as in the poem in fig. 5.3, the 'reckless' abandon of these dietary rules, that helped her to get married, was constructed as particularly problematic because it would likely cause problems

⁵¹² Jennifer Ashcroft and Glynn Owens, *Weight Control in Pregnancy: Healthy Mother Healthy Baby* (Wellingborough: Thorsons Publishing Group, 1986), p. 103.

⁵¹³ For other examples see, 'Motherhood and the Slimline Figure', *Good Housekeeping*, vol. LVII, no. 1, January 1950, pp.24-5, or 'Getting Fit For Pregnancy', *Good Housekeeping*, vol. 127, no 2, February 1985, pp. 80-81.

between the disappointed husband and wife. During the years sampled, *Good Housekeeping* featured numerous articles that offered advice on how to avoid looking 'dowdy' in maternity clothes, or how to remain chic while wearing the lower heeled shoes demanded by pregnancy, was offered alongside weight management advice.⁵¹⁴

Maintaining a particular aesthetic, especially during pregnancy, was constructed as important for the health of one's marriage, and so this aesthetic veneer was presented as something that should be maintained at all times. After marriage, a woman's weight, seemingly, became a responsibility of nebulous consequence, with her body having an impact on all those around her.

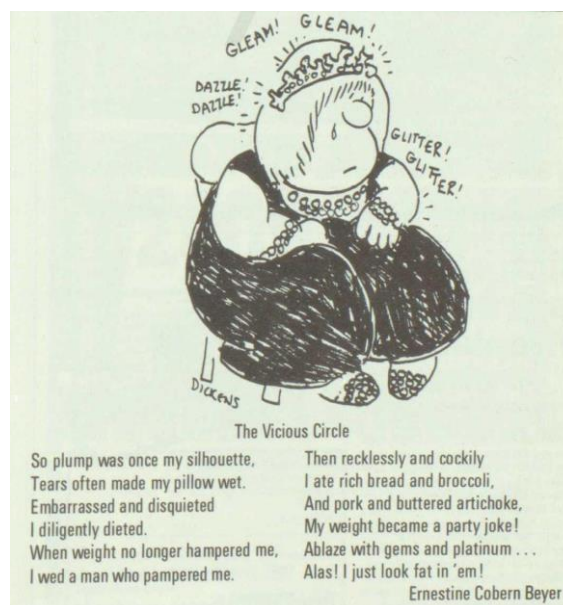


Fig. 5.3 'The Losing Game', *Good Housekeeping*, June, vol. 97, no. 6, 1970, p.145.

Avoiding the marks of time: weight management, aging and pregnancy

The need to maintain one's weight during marriage and pregnancy is central to the advice offered to newly married women. In particular, advice for avoiding weight gain and changes in body shape are often presented as a way of ensuring that pregnancy didn't leave visible marks on women's bodies. In this vein, weight gain during pregnancy should be strenuously avoided:

Obviously you're going to put on extra weight now - but that shouldn't mean extra fat. It's an old wives' tale about eating for two, and the idea is to combat added poundage before it runs away with you. If I got a pound or so over my recommended weight, I immediately concentrated on high

⁵¹⁴ See 'The Waiting Game: Or how to look pretty and pregnant', *Good housekeeping*, vol. 91, no. 1, January 1970, p. 49 or 'Heirs and Graces', a special edition in *Good Housekeeping*, Vol. LXXVII, no. 2, February 1960.

protein non-fattening foods. It's easy to say you'll lose weight afterwards - but will you?⁵¹⁵

Advice to pregnant women often centred on the lack of a physical need for women to gain weight at this time. The book *Weight Control During Pregnancy* was even more explicit in this regard:

Approximate weights of the different component of birth

- a) baby 7-9lbs (3.2-4.2 kgs)
- b) amniotic fluid ('waters') 2lbs (0.9kgs)
- c) placenta ('afterbirth') 11/2 lbs (0.7kgs)
- d) the womb will enlarge to 2lbs (0.9kgs) originally it was only 2oz (56gm)!
- e) the breasts will increase by about 1 1/2 lb (0.7kgs)
- f) extra blood will be about 4lb (1.8kgs)
- g) extra fluid in body tissues 2lb (0.9kgs)

TOTAL 20-22lbs (9.1-10kgs)⁵¹⁶

The precise way that these different aspects of women's anatomy are dissected by the authors illustrates the careful processes of self surveillance should be maintained throughout pregnancy. Ashcroft and Owens, the authors of *Weight in Pregnancy*, continue by meticulously outlining the stages during pregnancy when this additional weight should be put on. To counter the oft cited 'myth' that women naturally gain weight during pregnancy, the prevailing argument is that weight gain could be prevented through meticulous food management and a focus on diet during pregnancy. It also points to something akin to the disembodied way that women were expected to relate to the fat on their bodies, whereby the process of pregnancy was watched from the outside perspective of carefully monitored weight gain. This alienation from the

⁵¹⁵ 'The Waiting Game: Or how to look pretty and pregnant', *Good housekeeping*, vol. 91, no. 1, January 1970, p. 49.

⁵¹⁶ Ashcroft and Owens, *Weight Control in Pregnancy*, p. 37.

body could be a technique that was employed to encourage self-identification with the idealised slender self.⁵¹⁷

Meticulous weight management, as advocated in the literature, was related to the expectation that pregnancy should not leave visible signs; at the beginning of the period considered by this thesis, this relates to the expectation that women should look and act the same way as before their children:

With the right diet and exercises during pregnancy and while nursing, there should be no difficulty in pushing about the pram in skirts and suits that fit snugly before the baby was anything but a rosy hope.⁵¹⁸

Towards the end of the period considered by this thesis, these expectations were increasingly bound by particular deadlines within the pregnancy cycle - consider for instance, the following advice about regaining one's shape after birth:

If you want to be slim within two weeks of the birth you should put on no fat at all. This won't harm the baby, or you. You will be back at the weight you were before you were pregnant within about 12 days after the birth. Your abdomen should be more or less flat at this stage. If you exercise to tone up the muscles, then by six weeks after the birth you will be totally back in shape. If you are breast feeding then your breasts will appear slightly larger, although this is unlikely to detract from your appearance.⁵¹⁹

Of the two examples, the latter may offer greater latitude to women, with regards to the expected bounds of behaviour in women, twelve weeks was offered as the maximum to should take to regain one's shape, but the overall conclusion that women should not let pregnancy mark their body's remains. A greater appetite due to pregnancy also tends to be frowned upon; it is explained as a psychological desire to be noticed by her husband or a fear over impending motherhood.⁵²⁰ Pregnancy, nursing, and childbirth are presented as processes that (if done correctly) could be experienced by women without overly affecting their figure.

⁵¹⁷ For further discussion of the alienation of fat from the self, refer to Chapter 4.

⁵¹⁸ 'Motherhood and the Slimline Figure', *Good Housekeeping*, vol. LVII, no. 1, January 1950, p.25.

⁵¹⁹ Ashcroft and Owens, *Weight Control in Pregnancy*, p. 36.

⁵²⁰ 'Motherhood and the Slimline Figure', *Good Housekeeping*, vol. LVII, no. 1, January 1950, p.24.

In descriptions of pregnancy, few allowances are made for the intense physical experience of child-birth. This is illustrated in the exercises below, which were recommended for antenatal and postnatal women (fig 5.4 and fig 5.5 respectively). No visual allowance is made in these images for the fact that these women are (or have recently been) pregnant. Visually, these women are unaffected by their pregnancy, despite the fact that these exercises were aimed at women struggling with post pregnancy weight gain. Indeed, the article recommends that women start the post-natal exercises two or three days after birth – with no references to the pain or discomfort that such positions may cause to women who have recently given birth. Understandings of weight and pregnancy offered through the literature on weight in pregnancy diminish the physical aspects of the process, on occasion to the extent that the physicality of pregnancy seems forgotten. Indeed, the eventual lesson seems to be one of women learning to pacify urges and impulses as a figment of a pregnancy-related imagination, and these urges were to be mastered by embarking upon a highly meticulous pregnancy diet and exercise plan. Mastering one's impulses - even during pregnancy - reflects the argument made earlier in this chapter that women were expected to learn to control their natural impulses during puberty; dominating the body's biological impulse, which conspired to make women overweight, became central to constructions of weight during pregnancy.

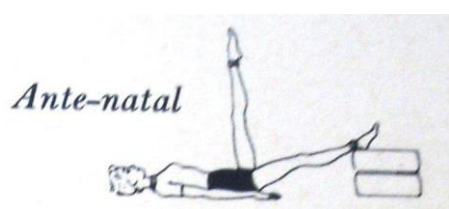


Fig. 5.4

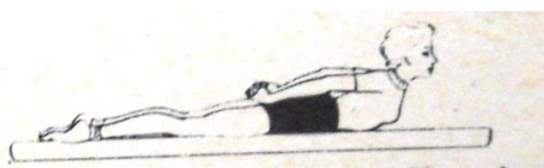


Fig. 5.5

Fig. 5.4 and 5.5 'Heirs and Graces', a special edition in *Good Housekeeping*, Vol. LXXVII, no. 2, February 1960.

The prominence of weight control aimed at pregnant women is partly due to the perceived consequence of weight gain at this point in the lifecycle. 'Weight history' narratives are a common tool used in the literature; they centre on telling one's life story through the prism of weight gain and weight loss, and through these stories key life events become intertwined with the process of weight management. One of the key sites of weight management narratives is the symbolic role of pregnancy in the

development of overweight. Weight gain during pregnancy is not framed as a natural response to pregnancy, but part of a woman resigning herself to a 'pre-mature middle-aged spread'.⁵²¹ Weight gain after marriage marks the beginning of the aging process, but pregnancy typifies the development of a 'middle-age spread'. The following excerpt illustrates this understanding of pregnancy weight:

In the past many women have gained a little fat with each pregnancy, and never lost it. Although 7lb (3.2kg) isn't a great deal to add on, it mounts up if you have more than one pregnancy to make a decidedly plump figure. It is wrong to assume that you will naturally weigh more because you've had a baby. You must make every effort to lose your extra weight, even if you only weigh a little more than before you were pregnant. It's unhealthy to be overweight, and a little fat seems to lead invariably to a lot more fat as the years go by, UNLESS you take immediate action.⁵²²

A similar way of understanding middle-aged weight is offered through the story of 'Rachel' in *Slimnastics*; she is described as having incrementally gained weight during each of her pregnancies, resulting in considerable excess weight. As a consequence, the reader is advised that "all mothers with young children need to do *Slimnastics* exercises to regain or perhaps improve their figures."⁵²³ Increased weight, as a result of pregnancy, is often intimately linked to a portrayal of the overweight mother as lethargic and prematurely aged. Excess weight, after marriage and childrearing, therefore symbolises something distinctive from the cultural meanings attached to excess weight in women's youth. The literature aimed at teenage women presented excess weight as associated with youth, and weight loss offered an opportunity to develop and explore a more adult identity, whereas in the next stage of the lifecycle it symbolised something different; now excess weight represented years of marriage and childbearing visibly writing itself on the body.

The symbolic association between ageing and weight gain is consistently prevalent in the advice material aimed at older women. 'Valerie Cousins' writing in

⁵²¹ 'Motherhood and the Slimline Figure', *Good Housekeeping*, January 1950, vol. LVII, no. 1, p. 24.

⁵²² Ashcroft and Owens, *Weight Control in Pregnancy*, p. 167.

⁵²³ Nottidge and Lamplugh, *Slimnastics*, p. 30.

Rosemary Conley's Hip and Thigh Diet Cook described her experiences of weight loss in the following way:

[Since starting the diet] I am told I look years younger, and it's all thanks to you ... I seem to have so much confidence since regaining my teenage figure. Thanks. I am now able to put on my jeans, I feel like a teenager again.⁵²⁴

Weight loss, and the associated change in her body shape, is constructed as a process of rejuvenation that not only reconnects 'Valerie' with the physicality of her youth, but also suggests a form of emotional reconnection as well. Valerie's description of 'feeling like a teenager' implies that she associates youth with a lack of self-consciousness about her own body, as well as a freedom about what she can wear and how she might act. While this description of the experience of a teenage body might not correspond to the experiences expressed within *Jackie* during this period, it does emphasise that for older women, weight loss and a slender frame were interwoven with an idealised imagining of one's youthful body.

Often this idealised memory of one's youthful body was used as a source of encouragement and inspiration for women's weight loss endeavours in later life. For instance, *The BMA Slimmer's Guide* suggested to its readers that the best way to judge one's weight was to think back to one's twenties when they would have been "fit and lean", and to use this as the benchmark they should be aiming for.⁵²⁵ Similarly, *Good Housekeeping* advised its readers that:

... for each of us there is a *natural* weight to which the body will return when we adopt a normal healthy diet, no matter what past weight loss or gain might have been. For most people the natural weight is our weight at about age 21 - unless we were abnormally fat or skinny.⁵²⁶

Underpinning the idea that one is at their natural weight at the age of 21 is an understanding of the youthful body as the most 'authentic' representation of the self,

⁵²⁴ Conley, *Rosemary Conley's Hip and Thigh Diet Cookbook*, p. 67.

⁵²⁵ Denis Cradock, *The BMA Slimmers Guide*, pp. 4-5.

⁵²⁶ Jane Shapiro, 'Family Matters: The question is...', *Good Housekeeping*, vol. 127, no. 3, March 1985, p. 97.

even if weight has consistently increased in the intervening years.⁵²⁷ The lower body weights of one's youth are therefore presented as the weight at which one is most comfortable, which colludes to create an understanding of the slender body whereby it is powerfully associated with the youthful body.

Examples of healthy and active older women are also used as an encouragement to younger women to maintain the silhouette of their youth. 'Wonderful Older Women', from *Good Housekeeping* in 1980, described the women interviewed for the piece as aware that "a youthful appearance reflects a youthful outlook on life."⁵²⁸ Many of these articles refer the continued role that dieting and strict food management has played in their lives; for instance, one of the women, Margery Pickford, aged 84, interviewed for the article described her diet in the following way:

And her belief in self-discipline is reflected in her approach to health and beauty. Every Sunday is fast day: "I'll cook lunch for any of the family who are home (her husband, and all or any of their four children, their partners and eleven grandchildren) but I stick to carrot and grapefruit juice."⁵²⁹

Potentially an early adherent to the (currently popular) 5:2 diet, Margery constructs herself as continuing to put considerable effort into controlling her weight; although it is notable that her continued dietary restrictions are set within the bounds of traditional maternal behaviour. The act of continuing to cook a large family dinner for an absent (or occasionally present family) while denying herself, is reminiscent of the traditional imagery of the continually dieting mother who cooks for the rest of the family while her own dinner consists of unappetising salads. Margery's description also reinforces the idea discussed previously, that habits formed in youth must be upheld for the rest of one's life - just as *Jackie* readers were encouraged to develop their own patterns of dietary restriction during their teenage years. A relaxation of weight management practices, even during the latter years of one's life, is not offered within this portrayal of

⁵²⁷ It has been consistently shown in obesity research that weight increases over the course of the lifecycle, therefore an adherence to the body of one's youth as the most authentic self is probably an anathema to most people's experiences of weight and aging. For instance, most contemporary research of on health and aging demonstrate that the proportion of people who are overweight increases in each age cohort until the age of 75; see http://www.noo.org.uk/NOO_about_obesity/inequalities accessed 27th January 2015.

⁵²⁸ 'Wonderful Older Women' (anon), *Good Housekeeping*, November 1980, vol. 118, no. 5, p. 165.

⁵²⁹ Ibid., p. 164.

ideal behaviours in older women, suggesting that behaviours such as meticulously monitoring food intake, need to be ceaselessly practiced for the rest of one's life.

Physical activity is also presented as integral to the regeneration that can accompany weight management in older age. The quotation below comes from an article in *Good Housekeeping* from 1990 called 'Vital Years':

I was having back pain, so I started to swim at the local baths. When I began, I was 46. I thought that 25 lengths was terrific for my age. Now I am 54 and I swim almost a mile (72 lengths). My resting heart rate is 53. That is the rate of a young male athlete.⁵³⁰

While physical decline is understood to be part of the process of ageing, increased physical activity is offered as a panacea within this excerpt. Through exercise the interviewee is presented as reversing the ageing process, and through this, transforming her own body to a condition akin to somebody in their early twenties (which, as noted above, was held up as an example of the most desirable incarnation of one's body). Therefore, one begins to see a picture emerging whereby the meanings of a slender body shape morph over the life course: in younger women it symbolises an adult female body shape that accompanies a mature understanding of responsibility that a young woman needs to adopt for mastering her biology and which results in an idealised silhouette; for older women, this idealised body shape represents the converse - an idealised youthful body. However, the techniques used to achieve this - learning to maintain one's youthful discipline and mastering the natural decline in one's body - are similar, irrespective of age.

Managing daughter or managing mother? The reproduction of attitudes towards weight loss in women

As previously noted, advice literature aimed at women often refers to the role of the mothers in establishing eating habits and setting examples that are followed by their daughters. In some instances, this discussion is reminiscent of the exploration of the

⁵³⁰ 'The Vital Years', *Good Housekeeping*, vol. 137, no.2, February 1990, p. 05.

mother-child relationship in Chapter 3. However, the relationship explored within the latter part of this chapter refers to the way that a shared understanding of femininity inflects the relationship between mothers and daughters. Weight history narratives often include mothers as a pivotal figure in women's stories of their weight, as illustrated in the following interview with Joan Cooper, 'Greater Manchester's organiser for Weight Watchers':

Tony Todd: Do you think, if your mother had known more about the dangers of giving children too many sugary sweets ... do you think that would have made a difference?

Joan Cooper: Yes I do, although I was a war child, a war baby, and sweets were not plentiful. It wasn't sweets as you think of sweets, in bags or packets, but my mother was a marvellous baker – still is a marvellous baker - and I think that that, erm ... we had a lot of sugary cake type foods and always had a pudding to follow a meal.

Tony Todd: Did you have things like me, like cocoa and sugar in a paper bag that you dipped your fingers in it?

Joan Cooper: Oh yes, oh yes. And things like syrup on bread and homemade jam, on bread, that was actually a meal because mother used to bake her own bread. We used to have butter and homemade jam and that was actually a tea, we sat down to that for our tea.⁵³¹

One of Todd's first questions to Joan is regarding her mother, so we can see that mothers are being placed at the centre of the narrative by interviewer, although Joan does not initially mention her mother. However, after her mother is mentioned Joan does begin to portray her mother at the centre her weight history by describing the similarities between her own eating habits and her mother's. Later in the segment, the narrator re-emphasises the idea that habits learnt from mothers are particularly important in settling behaviours for life:

⁵³¹ Tony Todd interviewing Joan Cooper in 'Slimmers', *Radio Manchester*, first aired 14th January 1983, North West Sound Archives 1984.4742.

Tony Todd [voiceover]: Joan Cooper, now a slimmed down 47 year old, agrees that labelling years ago might have stopped her mother from feeding her up on the road to fatness.⁵³²

Learnt familial patterns of eating are often set at the centre of stories regarding excess weight that begin in childhood with a poor maternal example (whether intentional or not). However, by the time the reader reaches adolescence, the readers themselves are seen as in control of any dietary decisions. Married women with young daughters are equally reminded of the importance of setting a good example that will be passed on, as illustrated in the following excerpt from the 1969 book *Eat Well Live Longer: Cookery Without Animal Fat*:

I want to stress this, for the entire family will benefit from the parent's good diet. The whole family should co-operate willingly in the change of food habits, for the complete success and wellbeing of all. These new foods habits developed in children, particularly the females, will be carried on to their families. In my experience, the eating habits in the home are, to a major degree, determined by the mother for she had charge of the kitchen.⁵³³

Taken from the preface of the book, the passage reinforces discourses that have been discussed elsewhere in this chapter; that women needed to set a good dietary example for the benefit of the family in general. However, it is suggested that women need to be particularly careful in the example they set for their daughters, who naturally look to their mothers for guidance. Under such circumstances, women are under a considerable level of pressure to ensure that their daughters adopt the best possible habits; otherwise mothers could be to blame for putting the health of her children, and even her unborn grandchildren, at risk.⁵³⁴

⁵³² Tony Todd interviewing Joan Cooper in 'Slimmers', *Radio Manchester*, first aired 14th January 1983, North West Sound Archives 1984.4742.

⁵³³ Robert Wilson MD., 'Preface', Theodora Fitzgibbon, *Eat Well and Live Longer: Cookery Without Animal Fat* (London: J. M. Dent & Sons Ltd., 1969), p. 6.

⁵³⁴ Recent research has focused on the long lasting impact that poor nutrition during pregnancy has on future generation in animals, however, studies the use the health outcomes of women pregnant during the Dutch famine at the end of the second world war have indicated similar findings. See: Roseboom and

Idealised versions of the mother-daughter relationship were often portrayed within the slimming articles in *Jackie*, in these articles mothers are supportive of their daughter's desire to diet - often becoming a collaborator in their child's quest. For instance, in an article from 1980 *Jackie* reader Josephine described how her weight 'problem' was hereditary, but she decided to join Weight Watchers and was given a meal plan, which she and her mother discussed and made plans for these new meals together.⁵³⁵ Therefore, while the causes of overweight were located within the family, mothers became an important bridge to the solution by guiding their daughters towards a self-aware form of weight management. Portrayals of weight loss as a collaborative endeavour continue into the mid-1990s with articles that describe mothers and daughters attending slimming groups together, and the subsequent pride of the mother in her daughters 'success'.⁵³⁶

Such portrayals construct the process of dieting as a potential mother-daughter bonding activity, through which a more positive relationship can be fostered - akin to other activities done by mothers and daughters, such as shopping. This explanation of the role that dieting can play in the mother-daughter relationship relies on a traditional idea of supportive femininity, whereby women act collectively to help one another. A similar argument could also be made for slimming clubs that were presented as mutually supportive spaces where women could find comradeship in their attempts to lose weight.⁵³⁷ Nevertheless, in the context of presenting weight control as a mother-daughter activity, behaviours associated with dietary management are presented in a particularly feminine way, and the relationship between mothers and daughters become entwined within the process of dietary management. Indeed, perceptions that dietary management was a feminine endeavour were so strong that it could be used to foster a better relationship between mother and daughter.

On the other hand, we can also see how the cultural pressure for mothers to manage the diets of their daughters could cause tension in the relationship. These tensions are expressed in the problem pages of *Jackie* with young girls writing in to

Watson, 'The Next Generation of Disease Risk: Are the effects of prenatal nutrition transmitted across generations? Evidence from Animal and Human Studies', *Placenta*, vol. 33, supplement 2 (2012), pp. 40-44.

⁵³⁵ 'A slim chance', *Jackie*, November 29th, No. 882, 1980, p. 25.

⁵³⁶ For example, see 'I really miss sausage rolls', *Shout!*, No. 53, July 21st - August 3rd, 1995.

⁵³⁷ For a discussion of Feminism and the concept of 'sisterhood' see Joanne Hollows, *Feminism Femininity and Popular Culture* (Manchester: Manchester University Press, 2000), pp. 6-9.

complain about maternal involvement in dietary management. Most often, conflict seems to arise when the impetus for weight loss comes, not from the reader themselves, but from the mother; as in this letter to 'Cathy and Claire' from 1985:

I'm 17. Since I was 13 I've got really fat because I eat all the time. If I can't find any food, I get really depressed. My mum goes mad at me on account of this and because I go through the fridge and every cupboard to find something to eat. She keeps saying soon I'll be 20 stone and that I look horrible. She thinks this will shock me into trying to lose weight. In fact, it does the opposite. I eat even more. I'm 5ft 8is of medium build and weigh 11 1/2 stone. I've seen the doctor twice, but he made me feel a right idiot. Please give me some advice, I wish I were dead.⁵³⁸

Although learning dietary behaviours and sharing the experience might be presented as a bonding opportunity for mother and daughter within the articles of *Jackie*, the alternate reality for some young women was that it formed an unwanted intrusion into one's life. However, if one considers the attempt by the reader's mother to regulate her weight, in the context of the pressures on mothers to ensure that their daughters were not overweight, from the medical profession, the state, and popular culture (as discussed earlier in this chapter and in chapter 3) it is possible to understand why these tensions began to manifest themselves.⁵³⁹ Her actions, and the actions of mothers like her, could be understood through the prism of self-consciousness in mothers who internalised the social stigma of overweight in children (particularly of young girls), resulting in attempts to encourage their daughters to conform to socially acceptable body shapes. Certainly, the response to such complaints in *Jackie* was to see the mother as acting in the best interests of the child:

I do sympathise with you. Losing weight is never easy - it's even worse

⁵³⁸ 'Cathy and Claire', *Jackie*, No. 1102, February 16th 1985, p. 31.

⁵³⁹ For other examples of this tension being played out in popular culture see *The Fab Four* where the main character 'Claire' mother pressures her to lose weight before she is a bridesmaid at a wedding, which results in Claire running away the day before the wedding, Ros Asquith, *The Fab Four: Keep Fat Class*, (London: Orchard Books, 1997). Or, Lori Gottlieb's autobiography, *Stick Figure: A dairy of my former self*, (New York: Simon and Schuster, 2000). In *Stick Figure* the protagonist's mother pressures her to act in a traditionally defined feminine manner (which includes learning adhere to dieting behaviours) resulting in her developing Anorexia Nervosa. [NB: while this book was published in 2000 it was based on dairies that were kept in the late 1970s.]

when you have a lot to lose. But let's face it you stand to lose a lot more if you don't buck up. Your confidence is already at low ebb, so I doubt that your social life is all that it might be - for instance. From what you say, your mum and your doctor have already tried to jolt you into action - unsuccessfully. Well, I can't perform miracles either.

There is no substitute for willpower if you want to succeed in losing weight. That's it laid on the line. Either you stick to a sensible diet, or you stay fat.⁵⁴⁰

Sympathy for the letter writer seems a little thin on the ground, particularly if one considers that, within current guidelines, she would be considered a 'healthy' BMI. The reader is given little support for any course of action but to give herself over to her mother's wishes, and follow those diets prescribed for her. It is assumed within the response that the reader is ideologically engaged with the idea that she should be losing weight, and so the option to not lose weight, as per her mother's wishes, is not offered. The lasting impression from this interaction is that the authority and advice of one's mother should be adhered to; therefore, maternal authority in such circumstances is relatively absolute.

However, a second maternal reaction to a daughter's weight can be delineated from the letters sent into *Jackie*, as well as from other teen advice literature. Rather than encouraging their daughters to lose weight, one can also note maternal reservations about their daughter embarking on dietary restriction, often despite the reader's perception of their own short comings, and eagerness to diet:

I have one BIG problem - me! I'm so fat ... I'm 15, 5ft 4ins and over 10st. My 'vital' statistics are 37-27-36 ... I need a 30in school skirt whereas my friends wear a 22in, 24in, or 26in. It's not fair - I don't eat half as much as my friends, I exercise a lot more, yet they're really skinny. I get so depressed at times. I go to Karate - I'm the fattest there. I go to Badminton and guess what - I'm the fattest there! I do a workout to music every night, yet I'm still gross! I've talked to my mum and she just laughs and says its puppy fat. If so, I've had it a long time compared to everyone else. I've tried diet after

⁵⁴⁰ 'Cathy and Claire', *Jackie*, 16th February, No. 1102, 1985, p. 31.

diet, but they don't work even if I stick to them - and my doctor says I'm too young to diet. But someone must be able to help me.⁵⁴¹

To which 'Cathy and Claire' responded:

We'd certainly like it to be us! However, we always advise people check with their doctor before starting any diet. But as you are so concerned, we think that you should talk to your mum again, letting her know just how unhappy you are and she what she says. Certainly, we do have a diet sheet we can send you, but we'd want to have your doctor's OK before using it. One thing that stands out in your letter is that you have a bright personality and a lovely sense of humour. Don't lose them because they can be your greatest personal assets and leave a far more lasting impression than your size. So, if you do have to wait a bit before losing your weight naturally, or have another go at working at it, don't let it spoil your enjoyment of life. After all, nobody's perfect!⁵⁴²

In this circumstance, a more encouraging response is offered, intending to reinforce the writer's self-confidence, by advising them to focus on other features of personal development. In some ways, this could be understood as reflecting the unwillingness of the magazine to contradict the authority of reader's mothers. It is notable, however, that there seems to be greater room for negotiation in this situation than was offered to the writer of the previous letter, which suggests greater support for the reader's desire to diet (within the framework of the 'Cathy and Claire Page'). Similarly, it is notable that the diet the reader wishes to do is reconstructed as 'postponed' rather than something to be forgotten about. This is particularly notable because it represents one of the few instances where the maternal authority is potentially negotiable (and understood to be lost eventually); thereby underlining the strength of the social conventions that surrounded learning weight management behaviours and its perceived integrity within a feminine form of adulthood.

It is clear from these letters, and the responses to them, that far from being a joint bonding adventure for mother and daughter, as presented within the articles

⁵⁴¹ 'Cathy and Claire', *Jackie*, 15th June, No. 1119, 1985, p. 33.

⁵⁴² Ibid.

themselves, the issue of body weight could be fraught, and result in a fractious relationship between parent and child. An insight into the multifaceted ways that body weight inflected relationships comes from a letter published in *Jackie* from 1972:

My mother is so podgy, I feel embarrassed for her. She could look so much better if only she'd shift a couple of stone. I've tried telling her to diet and even sent in for some diet sheets. She just says it's hard for her.⁵⁴³

This letter illustrates a reversal of the traditional parent-child relationship whereby the daughter is endeavouring to influence her mother. The response to this letter betrays some very particular understandings that surrounded the perceived benefits of weight management, as constructed within the literature:

It probably is. As you know, most slimming diets are high on protein, fruit and vegetables and low on starches. And most mums have to make every penny work when they're feeding a family. If beef is 50p a pound, who fishes the meaty bits out of the stew for Dad and the kids, and fills herself up on potatoes? Mum, of course. Not because she's not diet conscious, but because she's putting their needs before her own.

You sound an organising type, and you could help your mum a lot. But not by handing out orders she's in no position to carry out. Tell her you're going to take her in hand, get together over a diet sheet and work out a week's meals for the family. Most diets contain good family fare that just needs a little pudding padding for non-dieters.

Then spare a bit of your wages or pocket money to treat mum to some extras she'll probably feel guilty about taking from the housekeeping - sweeteners for tea and coffee, special slimming bread and margarine. Enrol the two of you in a keep fit class. Even if you don't need the exercise your presence will be a morale booster and a conscience pricker to your mum, which will help her stick to it.

⁵⁴³ 'The Cathy and Claire Page', *Jackie*, September 9th, No. 453, 1972, p. 12.

With the right approach, you should be able to get your mum going in the right direction - down the scale!⁵⁴⁴

Greater delicacy, encouragement, and sympathy are advised, and there is even a rare reference to the structural inequalities that might lead to overweight in some mothers. However, the solution that is offered to the letter writer is still one bound by expectations of feminine dietary behaviours, and the overall intention of the daughter to influence her mother's dietary behaviour is not questioned. This indicates a broad acceptance of the reversal of the traditional parent-child power relationship, which is very carefully upheld elsewhere within the magazine. Indeed, the suggestion that through attending a keeping fit class with her mother, she will 'prick' her mother's conscience, gives a strong indication that the letter writer is understood to be acting in a 'morally correct' way. Moreover, through this response, the daughter is constructed as taking the mother 'in hand'; by organising her diet for her, the daughter is being constructed within a mature maternal role. This reinforces the idea that learning to manage and master one's diet reflects the behaviour of a mature adult, particularly as the mother's agency is reduced within this scenario. Most significantly, this letter illustrates that while mothers are monitoring and managing their daughter's dietary habits, daughters were also learning to watch and intervene in their mother's habits. Through this, one can begin to understand how wider social relationships may have been developing, whereby women learn to reinforce the dietary management of other women.⁵⁴⁵

Conclusion

Unifying advice during the period 1950 to 1995, and throughout the female life cycle, is the dominance of the idealised slender female form; and as a consequence the

⁵⁴⁴ 'The Cathy and Claire Page', *Jackie*, September 9th, No. 453, 1972, p. 12.

⁵⁴⁵ Naturally, this is watchfulness was not restricted to the mother daughter relationship it was also common for letters to be written asking for advice on that expressed embarrassment about a friends weight and asked for ideas to encourage them to lose weight. For an example of this see 'Cathy and Claire Page', *Jackie*, November 4th, No. 461, 1972, p. 10. The decision to focus on the mother daughter relationship in this section was taken because it provides an interesting counterpoint to the discourses that were also discussed in Chapter 3.

behaviours that contributed towards achieving this ideal were constructed as quintessentially feminine. Learning to control one's biological impulses - be it during pregnancy, puberty, or middle age - is a theme that is woven throughout the lifecycle. However, the cultural meanings of weight management do begin to refract, especially when one considers the symbolic meanings that were ascribed to dietary control. For young women, exercising dietary management stressed that she was learning how to project a standardised form of a feminine identity, with weight management forming one of many hygienic practices that she, as a young women, needed to develop. Learning to control her impulses around food, and developing an internalised form of dietary restraint, was constructed as a crucial part of body performance in adult women. This performance could be considered akin to applying deodorant, or to washing and brushing one's hair. Consequently, the habit of 'dieting' was situated as something that needed to be attended to on a daily basis; therefore, weight control was not an activity that should be done on a sporadic basis, but a practice that was consistently monitored. Furthermore, embodying a mature identity through weight management practices, was presented as part of developing the moral codes and practical skills of adult femininity. Within the literature, there was little space allowed for young women to question the discourses that underpinned the advice on offer; and the power structures within the literature served to elevate authors to a position of authority. This relationship was reflected in the way that the authors interacted with the readers, as well as how readers constructed themselves within the narratives that they offered. Consequently, alternative perspectives about weight management struggled to find a voice within the literature - resulting in an unusual dominance of those discourses, which prioritised the slender body and restrictive behaviours as a marker of maturity.

Once married, the purpose of dieting and the meanings of weight control shifted, and weight gain was no longer considered as infantilising, but ageing - as part of a process of bodily decline. On the other hand, women who succeed in losing a dramatic amount of weight, were portrayed as regaining their youth by defying the established relationship between ageing and weight. Often, the idea that weight gain was ageing, referred to the notion that woman should avoid allowing the passage of time to visibly write itself on the body. Therefore, women's bodies were praised when they succeeded in avoiding the physical markers of time. As a result, pregnant women

were warned about the dangers of allowing pregnancy to affect their body shape, with little consideration or allowances made for the physical strains of childbirth. Indeed, the only expansion considered proper, within the context of the literature, was the expansion of one's stomach, anything above this was considered a breakdown of the carefully established dietary routines developed during youth. Solutions to middle-aged overweight emanated from a resumption of previously learnt behaviours, founded on ethical adherence to weight control, which were, in turn, based on existing understandings of the social meanings of excess weight.

Learning to follow the proper rules regarding the body, and developing techniques of self control around food form the central pillar of the advice aimed at women. Underlying this emphasis on self-governance, was the assumption that one's body colludes to fatness, unless strict and ceaseless control was exercised. Therefore, the rational individual was pitted against their own biology, and the power of the self to master this impulse dominated understandings of the process of dieting. However, surveillance was not just expressed as an individual concern, but it was also exhibited in the interactions between individuals who were - seemingly - watching, commenting, and encouraging the adoption of weight management processes in others. Consequently, to ensure that these behavioural codes were being followed, friends were learning to watch each other, while mothers were watching what their daughters ate, and daughters were watching what their mothers weighed.

Chapter 6: She Keeps Feeding me Rabbit

Food! Masculinity and Weight Management,

1950-1995

Uncovering the elusive world of male dietary practices in the second half of the 20th century presents three unique challenges. The first of these is the existence of a strong association between femininity and dieting, which led to a male reluctance to be overtly associated with practices of dietary restriction. Challenge two is that men's responsibility for their diets was filtered through existing frameworks of domesticity, based on the assumption that women would shoulder the task of ensuring that their husbands were properly fed. The third challenge relates to the differing structures of the male magazine market, which serves to obscure the social framings of overweight in men between 1950 and 1995. All of these idiosyncrasies are unique to the male experience, and present difficulties for the social historian trying to discern how gender inflected practices of weight and health management, and how, in turn, these practices were woven into the broader fabric of men's social and personal lives.

Most of the existing historiography that considers weight management in Western economies after the Second World War focuses on women, which is a consequence of the fact that men did not follow the same highly visible cultural processes for managing their weight. Women were the ones who publicly fretted over miniskirts or bikinis, and it was women who expected to openly seek ways of disciplining their unruly bodies; far less cultural space was given to the expression of these anxieties in men. As a consequence, men are silent in such histories, which seem to assume that they were not engaging with weight management practices. However, this chapter argues that male and female management practices need to be viewed through different lenses, largely because, from the beginning of the period, male approaches viewed 'dieting' as circumspect. The rejection of dieting expressed in the literature for men does not occur in the same vein as second wave feminists, for whom dieting was a symbol of patriarchal oppression; rather, it referred to a suspicion of the feminine practice of restriction, which was portrayed as incongruous with

masculinity.⁵⁴⁶ To achieve the cultural nirvana of the ideal body, men were expected to follow a different path than their calorie counting wives; they were expected to rely on the women in their lives to control their nutritional intake and achieve dietary balance, which could be complimented by the use of exercise to counter-balance any unhealthy habits that slipped through the watchful eyes of their wives.

A critique that runs through the work of two of the most prominent authors on cultural perceptions of male weight in the 20th century - Sander Gilman and Ina Zweiniger-Bargielowska - is that analyses should look beyond traditional treatise that conceive of the cultural phenomena of dieting as a form of female subjugation. The consequence of viewing dietary advice in this way, according to Gilman, was that such histories became incorporated into women's history, thereby hiding the male experience from view.⁵⁴⁷ Sander Gilman's monograph *Fat Boys: A Slim Book* argues that, with this bias in mind, cultural representations of the overweight man need to be reconsidered, not in the context of whether men's experiences were 'better' or 'worse' than women's, but as separate, discrete and independent entities. To this end, it was important not to see masculinity as an opposing construct to femininity, but rather that the bodies of 'fat boys' should be viewed as phenomena with their own complex history and attached meanings.⁵⁴⁸ Though *Fat Boys* is largely concerned with the intersection between fat, gender and race at the turn of the 20th century, Gilman does highlight characteristic portrayals of male overweight, which are, in turn, echoed in this chapter's discussion of the masculine governance of weight. For instance, he notes that weight loss surgery tends to be legitimised through the argument that it will improve health, rather than the aesthetic reasons that dominate 'feminine' motivations. Although, he also argues that the use of surgery itself is seen as non-masculine because it is viewed as an 'easy' option; for men, the physical discomfort of learning to control one's weight also allowed one to derive masculinity from the situation.⁵⁴⁹

In the first half of this chapter, which focuses on how the overweight man is represented, Gilman's suggestion that men are not expected to adopt the 'easy' route is reflected in the discussion of how men are encouraged to adopt an 'active' approach to

⁵⁴⁶ For further discussion of the impact of second wave feminism on dietary advice, refer to Chapter 2 and 4 of this thesis.

⁵⁴⁷ See Sander Gilman, *Fat Boys: A slim book*, (London: University of Nebraska Press, 2004), pp. 1-4. Or, Zweiniger-Bargielowska, 'The Culture of the Abdomen', p. 266.

⁵⁴⁸ Sander Gilman, *Fat Boys*, p. 7.

⁵⁴⁹ Ibid, pp. 233-7.

weight control that relies on physical exertion. Similar themes to the work of Gilman are drawn out here, in spite of differences in time (late 20th, rather than late 19th and early 20th century), and place (UK rather than USA). However, this chapter also illustrates that it is very difficult to develop an understanding of overweight men without also noting the central role that women play within the story. It is argued that while deconstructing representations of the overweight man might offer one set of perspectives regarding male weight control, it is also essential that this understanding be expanded. By considering the minutiae of everyday advice offered to men, one can develop a more textured picture of masculine overweight. To achieve this, however, women need to be reincorporated into the story, not as a counterpoint to the male experience, but as a mediator through which food, health, and body weight were experienced.

Writing on British inter-war weight control advice for men, Zweiniger-Bargielowska has argued that the ideal body types for men and women differed, with a clear understanding that men should inhabit a ‘hard’ and ‘muscular’ body, based on the ideals of antiquity. Furthermore, the bodies of men were at the forefront of weight augmentation practices in the inter-war period due to eugenicist’s concerns that the domestication of middle-class men would lead to a weakened degenerate population.⁵⁵⁰ Zweiniger-Bargielowska suggests that, in Britain, during the inter-war period, slimming was a male phenomenon, linked to ideals of civic virtue, with women constructed as an ‘other’ or outsider within the literature.⁵⁵¹ In Britain, the feminisation of slimming culture is described as an immediate post-war development when an “increasingly American commercial-style” was adopted.⁵⁵² Therefore, the story is left by Zweiniger-Bargielowska on the eve of the Second World War, with women poised to take over as the prominent slimmers of the post-war era, but there is no indication of how the male culture of dieting might further develop after this point. However, this chapter suggests that, as slimming becomes an increasingly feminised experience, health advice aimed at men sought to find clear ways of distinguishing itself from its feminine counterpart of dieting, and so an aversion to dietary restriction is one of the ways that this dialectical and cultural distance was sought.

⁵⁵⁰ Zweiniger-Bargielowska, ‘The Culture of the Abdomen’, p. 242.

⁵⁵¹ Although authors have referred to the pressure on women that emerged out of the 1920s ‘flapper’ aesthetic, this literature tends to focus on America, rather than the UK. Therefore, this difference might be accounted for in the different levels of economic development in the UK and the USA. For further discussion of this, refer to the introduction.

⁵⁵² Zweiniger-Bargielowska, ‘The Culture of the Abdomen’, pp. 243-4.

Successful men's magazines that adopted the 'glossy' lifestyle magazine format surfaced in the 1980s and are presented a by-product of shifting in gender identities in the previous decade; these magazines were aimed at the 'new man' who emerged in conjunction with second wave feminism. Glossy magazines targeted at men were perceived to be different from the previous 'top-shelf' titles and special interest publications that focused on activities such as golf, football and fishing - which had traditionally been marketed at men - because they offered a more sweeping outlook on men's lives.⁵⁵³ Despite the shifting social and cultural context, the glossy male lifestyle magazine market had a shaky start in the UK, with many attempts to establish such magazines failing to gather momentum over the period this thesis considers.⁵⁵⁴ Reasons for this failure, according to media theorist Ben Crewe, lay with a popular perception that men's media needs were satisfied by other media formats, especially newspapers, and that the 'Americanised' masculinities presented within glossy magazines did not sit comfortably with pre-existing forms of British manhood.⁵⁵⁵

Due to their late (and contentious) emergence into the market, the decision was taken not to consult men's lifestyle magazines for this chapter, even though women's lifestyle magazines have formed a central source for other chapters in this thesis. Resources drawn upon for this chapter include published health and fitness manuals targeted at a male readership, health promotion material produced by the state and medical profession, and special interest magazines aimed at joggers and runners. Further material from the *Scottish Sunday Express* is also used; such material has often proven to be particularly illuminating because, as indicated by Ben Crewe, newspapers were often the closest thing to lifestyle magazines with a male readership that cover this period. As a Sunday paper, the *Scottish Sunday Express* often included a leisure and lifestyle section which carried advice on health and fitness for men, as well as a letters page, and a regular doctor's column called 'All in a Doctor's Day'.⁵⁵⁶

⁵⁵³ Peter Jackson and Kate Brooks, 'Making Sense of Men's Lifestyle Magazines', *Environment and Planning D*, vol. 17 (1999), pp. 353-4

⁵⁵⁴ Failed Men's Lifestyle Magazines include *Man About Town* (which was launched in various formats between 1953 and 1968), *The Hit* (1985), and male versions of established women's magazine brands such as *Cosmo Man* and earlier attempts at *Men's Vogue*.

⁵⁵⁵ Ben Crewe, *Representing Men: Cultural Production and Producers in the Men's Magazine Market* (London: Berg, 2003), pp. 32-33.

⁵⁵⁶ The Scottish version of this Sunday paper was largely similar to that produced south of the border – certainly the key columnists, Cedric Carne, Veronica Papworth and Lucy Ashton were all featured in both papers. The main differences were that letters and some stories had a particular Scottish focus.

Jogging and running magazines were consulted for this chapter because they represented a possible intersection between the 'specialist' interest magazine market and dietary health. Furthermore, while the sport increased in popularity during the 1970s and 1980s, it remained a male dominated pursuit. Often considered to be an import from America, the jogging and running 'craze' was frequently remarked upon in newspapers and magazines in the latter part of the 1970s as interest grew. One small indication of the sport's increasing popularity is that, in 1979, *Jogging Magazine* listed 21 marathons occurring in the UK, by 1984 it listed over 130.⁵⁵⁷ Of course, an increased interest in marathons, as the extreme endurance manifestation of running, does not in and of itself reflect the wider social interest in jogging as an exercise for weight control. However, a closer inspection of these magazines highlights that articles on diet and nutrition for weight loss, and tips for heavier 'beginners', were often included, suggesting that men seeking to lose weight might have turned to such magazines for information and advice. While *Jogging Magazine* (which became *Running* in 1979, and *Runner's World* in 1993) also included articles aimed at female joggers - implying that women were recognised as participating in this sport - these were constructed as a 'specialist' interest within the wider running community, indicating that the readership was assumed to be male. Certainly, the readership was addressed under the assumption that they would be male, and the article authorship was overwhelming male, unless it was an article that concerned women runners.

'All in a Doctor's Day' was likewise notable for the way that the readership was generally assumed to be male, despite the fact that it was included in a Sunday paper where the overall readership could not have been assumed male. Each week, the column played out scenarios of 'patients' that had come to see the author, Cedric Carne. These 'patients' were almost always male, and the focus of the column was dominated by male health issues, such as CHD, stress or Diabetes.⁵⁵⁸ Significantly, these health concerns were often portrayed as impinging on the masculinity of the patient in some way, like not being able to play football with friends, or not being able to compete with other fathers in the school sports day race.⁵⁵⁹ Therefore, in a similar manner to the

⁵⁵⁷ Andy Etchells, 'Running and Walking and Cycling Back to Happiness', *The Guardian*, April 3rd 1992, p. 31

⁵⁵⁸ CHD can be assumed to be 'male problems, as it was noted in chapter 4, weight control advice aimed at women tended to ignore such problems in favour of the aesthetic concerns. Likewise, stress was related to employment, and women were not assumed to have careers that might induce stress in this manner.

⁵⁵⁹ See I.D. Adams, *Fit to Play* (A Family Doctor Booklet, British Medical Association, 1974); or, p.20, Cedric Carne, 'When your muscles are Flabby: All in a Doctor's Day', *Scottish Sunday Express*, April 11th 1975, p. 5;

magazines used in this chapter, while the sources used from the *Scottish Sunday Express* are not explicitly male, there is an underlying assumption that the readership will be so - a fact that reflects the more diverse nature of 'male' media at this time.

The final set of source materials employed in this chapter is health advice aimed, not at men themselves, but at their wives. Such advice is often quite nebulous appearing in a variety of publications, such as the women's section of the *Scottish Sunday Express*, or *Good Housekeeping*, where concerned wives would write in for advice about their husband's diet. The import of these sources highlights the nature of gender roles in this period; women would shop for, and prepare, most of the food that men ate in this period, and so, in this aspect of everyday life, men could be divorced from the decision making process. Indeed, this lack of control could become a site of conflict for some husbands, resulting in letters written to the *Scottish Sunday Express* seeking advice on how they could stop their wives feeding them 'rabbit' food.⁵⁶⁰

This chapter considers the phenomena of male weight control in the period 1950-1995 from two perspectives, with the first half of the chapter considering representations of masculinity in the overweight man. In particular, it considers how certain techniques of weight management were adapted to conform to normative understandings of masculinity. It is argued that the traditional versions of masculinity employed in the literature were used as an alternate framework to circumvent the feminisation of dietary regulation in the post-war period. The second half of the chapter considers how these carefully constructed modes of masculinity interacted with the wider social expectation - in line with traditional understandings of women's roles in the home - that women should be responsible for, and should seek to preserve, their family's health. Traditional frameworks of femininity dictated that a woman was responsible for the preparation and purchase of food, and was therefore responsible for the quality of her husband's diet. Male acquiescence of control over this aspect of their lives therefore reflects the general social structure of Britain at this time, but this also has implications for the theme of self-governance that runs throughout this thesis.

or, Cedric Carne, 'Taking a weight off his mind: All in a Doctors Day', *Scottish Sunday Express*, July 20th 1980 p. 4.

⁵⁶⁰ 'Lucy Ashton: Rabbit food', *Scottish Sunday Express*, 23rd May 1976, p. 20.

Part I

The superhero, the executive, or the hapless middle aged man? Constructions of weight and dominant masculinities in male weight advice literature

Theoretical frameworks for masculinity

Cultural associations with dietary restriction were seen as a challenge to normative forms of masculinity, and the present chapter explores some of the different ways that men's health advice sought to soothe these concerns. The main challenge to masculinity within the weight management process arose from the cultural understanding that dietary restriction was a feminine activity, an observance that has been noted elsewhere in this thesis; but in the context of the male experience, these meanings take on a new significance.⁵⁶¹ Whilst these tensions have clearly existed historically, contemporary research could also offer some insight into why masculinity and processes of self-care can have problematic relationship. Sabo and Gordon have argued that the comparatively high mortality rates of young men could be a consequence of men's gender roles, which encourages men to adopt a 'give 'em hell' approach towards their health. 'Give 'em' hell' refers to a hedonistic lifestyle characterised through negative health behaviours, such as heavy drinking or driving recklessly - as evidenced by the fact that road accidents are the cause of half of all male adolescent deaths in the U.S.⁵⁶² Through this argument, Sabo and Gordon tap into a broader trend in men's health studies that perceives performed masculinities as a barrier in matters of health and wellbeing. It has also been argued by other authors, such as Arran Stibbe, that because food preparation was considered feminine, convenience foods with poor nutritional content became associated with a masculinity that was nonchalant about

⁵⁶¹ For further discussion of this refer to Chapter 4 of this thesis.

⁵⁶² Donald Sabo and David Gordon, 'Rethinking Men's Health and Illness: The Relevance of Gender Studies', *Men's Health and Illness: Gender, power and the body*, ed. Donald Sabo and David Gordon (London: Sage Publications, 1995), p.6.

dietary health, thereby, underlining the various ways in which men might be inhibited from engaging with their own nutritional health.⁵⁶³

‘Give ‘em hell’, as a typing of masculinity, was first used in the 1970’s by Deborah David and Robert Brannon who developed it alongside three other strands of normative masculinity, these were: ‘no sissy stuff’, ‘the big wheel’, and ‘the sturdy oak’. The first, ‘Give ‘em hell’, related to the expectation that men would be willing to take risks, enjoy danger, violence and the thrill of adventure.⁵⁶⁴ ‘No sissy stuff’ was based on perception that men should avoid any behaviours that could be perceived as effeminate, including care over hygiene, emotionality, child care, or close emotional bonds with those of the same sex.⁵⁶⁵ The third role, ‘the big wheel’, refers the search for status, wealth, and fame that David and Brannon identified as largely achieved through occupation.⁵⁶⁶ Finally, a ‘sturdy oak’ was expected to be reliable, confident and self-reliant; most importantly they were not expected to reveal any weaknesses to those around them.⁵⁶⁷ More recently, writers concerned with masculinity, most notably Connell and Messerschmidt, have also discussed the concept of normative or hegemonic masculinity as a relational ideal against which men measure themselves. Increasingly, the tendency has also been to emphasise the role of subordinate masculinities, as well as the splintering of hegemonic masculinities, depending on specific locality and circumstance of everyday life.⁵⁶⁸

David and Brannon’s discussion of the male gender role, as outlined here, is one of the earlier explorations into the topic of the male gender role within the social sciences, yet it has been chosen as the theoretical for first half of this chapter. The reasons for this decision were twofold: firstly, the framework continued to be used throughout the period this study considers, and it is still used within contemporary research, suggesting that the general forms of masculinity they described retain

⁵⁶³ Arran Stibbe ‘Health and the Social Construction of Masculinity in *Men’s Health Magazine*’, *Men and Masculinities*, vol.7, no. 1 (July 2004), pp. 43-6.

⁵⁶⁴ Although the work itself refers to ‘sex’ roles this chapter will refer to gender roles, to reflect the social meanings behind these understandings. Deborah S. David and Robert Brannon, ‘The Male Sex Role: Our Culture’s Blueprint for Manhood, and What its Done for Us Lately’, in *The Forty-Nine Percent Majority: The Male Sex Role*, eds. Deborah S. David and Robert Brannon, Addison Wesley Publishing, 1976, pp. 27-35.

⁵⁶⁵ David and Brannon, ‘The Male Sex Role: Our Culture’s Blueprint for Manhood, and What its Done for Us Lately’, pp. 13-19.

⁵⁶⁶ *Ibid.*, pp. 19-23.

⁵⁶⁷ *Ibid.*, pp. 23-27.

⁵⁶⁸ R.W. Connell and James Messerschmidt, ‘Hegemonic Masculinity: Rethinking the concept’, *Gender and Society*, vol. 19, no. 6 (2005), pp. 838-841.

relevance.⁵⁶⁹ Secondly, the theoretical work of current authors such as Connell and Messerschmidt takes into account the impact of diversified media outputs - such as the development of a men's lifestyle magazine market or, more recently, the internet - yet many such forms of media were not available for most of the period 1950-1995. Furthermore, fragmented masculinities tend to address the challenges to traditional forms of masculinity posed by second wave feminism, but, as will become clear throughout this chapter, such considerations do not seem to impinge on the masculinities constructed within the literature consulted here. Therefore, while the framework devised by David and Brannon might not perfectly fit the representations of men discussed below, it is, perhaps, more temporally suited to provide a frame for these historical sources. Not only is the suitability of this framework shown in this chapter through the strong adherence to dominant and normative forms of masculinity in the advice, it also draws an interesting comparison with the compromised masculinities exhibited in the second half of the chapter, once women's roles within men's weight loss are touched upon within the literature.

The Executive and the 'Big Wheel' Gender Role

The homogeneous way that overweight men are presented within the advice is striking; overwhelmingly, the men represented are white, upper-middle class, middle-aged and working in an office or business environment. This characterisation is in contrast with portrayals of overweight in other segments of the population, as overweight men are largely presented as belonging to a distinctive class background. Such class distinctions are unusual because they cut across the popular discourse that excess weight was the by-product of a generalised experience of affluence, which resulted in advice on childhood obesity and feminine weight being presented in a determinedly class free context.⁵⁷⁰ Nevertheless, male weight advice constructs male overweight as a problem for the busy, sociable, and stressed executive. While the 'executive' is generally the named sufferer of overweight, this is can be taken to refer to men in any 'profession',

⁵⁶⁹ For more recent uses of this theory see, Susan Alexander, 'Stylish Hard Bodies: Branded Masculinity in *Men's Health Magazine*', *Sociological Perspectives*, vol. 46, no. 4 (Winter 2003), p. 537. Or, Thompson, Grisanti, and Pleck, 'Attitudes towards male roles and their correlates', *Sex Roles*, vol. 13, no. 7/8 (1985), p. 414.

⁵⁷⁰ For further discussion of this refer to Chapter 1, which considers the relationship between assumed relationship between affluence, increased food consumption and overweight.

including medicine, law, and journalism, as well as managers in business. A typical example of this social typing comes from an article in the *Scottish Sunday Express* from 1960, in which the link between CHD and overweight is discussed. It concluded with the following warning to employers: “Stop it employers: Your employees are killing themselves eating up their expense accounts.”⁵⁷¹ Similarly, another article from 1955 described the ‘misery’ that long expense account lunches could cause for the executive:

These poor fellows have to put in three hours continuous work, *mostly standing up*, in hot, smoky, underground bars. For it’s an unwritten rule that no big deal can be put through except over drinks or a heavy lunch ... I saw what I thought was a group of men enjoying their double gins. But I got it wrong. These men weren’t enjoying themselves, they were hard at work.⁵⁷²

‘Executives’ were framed as most at risk from overweight, but this was understood to be a result of the lifestyle enforced through their demanding jobs. Numerous health issues were associated with ‘overworked’ executive such as high blood pressure and CHD, but overweight was presented as the underlying cause of these problems. The association between the ‘executive’ and overweight is evident throughout the period, but one of the most striking examples is the magazine *Executive Health and Fitness* launched in the late 1970s.⁵⁷³ Contextualising male weight within the bounds of the ‘executive lifestyle’ meant that overweight in men became a reflection of the power and elevated class status of the individual involved. Once obesity was understood to be the result of brokering important business deals over elaborate lunches and martinis in smoky member’s clubs, men who were affected by obesity could be indentified as too busy doing other, more important, things to worry about their weight. Therefore, to return to David and Brannon’s gender role thesis, overweight is a consequence of inhabiting the ‘big wheel’ gender role and, whilst overweight might be at odds with the idealised imagery of the powerfully muscled masculine body, the overweight body could nevertheless be perceived as a symbol of male socio-economic status.

⁵⁷¹ Cedric Carne, ‘Are you being Killed by Kindness?’, *Scottish Sunday Express*, April 10th 1960, p. 8.

⁵⁷² ‘I know what makes tired business men tired’, no author accredited, *Scottish Sunday Express*, December 18th 1955, p. 8.

⁵⁷³ Launched in 1978, *Executive Health and Fitness* did not last longer than 12 months, but it did underline the perception that wealthier men suffered from health problems unique to that social grouping.

A greater range of body types were also presented to men within the literature and, notably, powerful men weren't expected to conform to an idealised physique, unlike representations of women within similar contexts. Below are three cartoons taken from the *Scottish Sunday Express* in 1960, the first is from a column about weight loss aimed at women, the second and third are from a fitness column aimed at men. The woman in fig. 6.1 is drawn with an extremely slender shape, long hair and a large smile that could be associated with glamour; whereas the bodies of the men drawn for an article, (published only a couple of weeks later) are more ordinary, they have a notable belly and are shown struggling with their exercises. Yet, the character in fig. 6.2 is clearly wealthy - by virtue of his suit, hat, and umbrella - thereby underlining the argument that male power was not necessarily associated with an idealised masculine body.

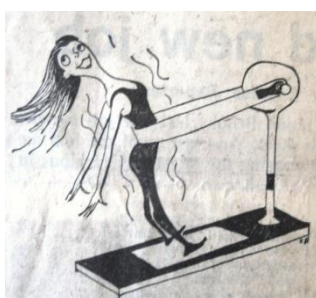


Fig. 6.1



Fig. 6.2

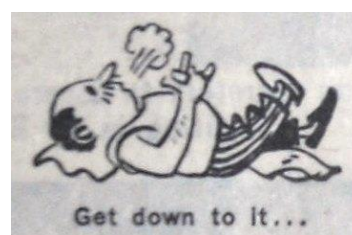


Fig. 6.3

Fig. 6.1 'Get a kick out of feeling fit', *Scottish Sunday Express*, November 27th, 1960, p. 14, Fig.6.2 & 3, 'Would you like to feel ten years younger?', *Scottish Sunday Express*, October 16th, 1960, p. 16.

Towards the end of the 1980s, while body weight concerns continued to be associated with the male 'executive', there was a shift in the way that an executive might be expected to present himself:

Not too many years ago the picture of success included a paunch. A prosperous gentleman looked, well, portly and substantial. His waistcoats were double-breasted and often sported a gold watch chain draped across an expanse of abdomen that bespoke satisfaction and abundance. But no more. Today it's a trim, flat stomach that sends out to the world a message of youth, health, vitality and success. Excessive

girth has become recognised as a health hazard, and it can be a social and professional hindrance as well.⁵⁷⁴

This represents an inversion of the traditional characterisation of the successful executive, seemingly, by the 1980s, the ideal wealthy executive was presented as an individual who was able to overcome the pressures of the executive lifestyle. Now, success could be symbolised through a flat stomach with clearly defined abdominal muscles; the significance of this inversion is that it indicates a decisive cultural shift in the way that powerful male bodies were perceived, and men, even those in socially powerful positions, were expected to conform. Greater pressure on men to conform to particular body shapes is a noted phenomenon of the 1980s - most often related to the period's shifting gender roles and changing representations of men's bodies in the popular culture.⁵⁷⁵ Such changes in the popular cultural expectations of men's bodies make it unsurprising, perhaps, that weight management literature also began to reflect these new social expectations.

As part of this wider cultural shift, the characterisation of outward health in men also began to change; these shifting character associations can be charted through the changing fortunes of jogging, and the role it was understood to play in forming a masculine framework for weight control. *Executive Health and Fitness*, aimed at professional men and established in 1978, paid particular attention to jogging as a way of keeping fit. It only lasted a short time, as the magazine folded in 1979, but *Jogging Magazine* was established later that same year, and while it was not directly connected with *Executive Health and Fitness*, there were numerous crossover contributors. One of the most notable crossovers was Bruce Tulloh, who gained fame during the late 1960s when he ran the width of America, beating the existing record by eight days. Aside from the authorial crossovers, there was also an assumption, especially within earlier editions, that the readership would be older, wealthier, middle-aged men in sedentary occupations, looking for ways to control their weight. In this way it conforms to the characterisation of wealth and power in overweight men.⁵⁷⁶ However, once *Jogging*

⁵⁷⁴ Ann Dugan, *Flatten Your Stomach: For Men Only* (London: Ward Lock Ltd., 1985), p. 4.

⁵⁷⁵ Garry Whannel, *Media Sports Stars: Masculinities and Moralities* (London: Routledge, 2005), pp. 71-2. Sarah Grogan and Helen Richards, 'Body Image: Focus group with men and boys', *Men and Masculinities*, vol. 4 (2002), p. 220.

⁵⁷⁶ Donald Norfolk, 'Six slim guides for those who hate dieting', *Jogging Magazine*, vol. 1, no. 3, May 1979, p. 51.

Magazine became *Running*, the assumed purpose of the sport did begin to change; while readers were still expected to be wealthy and in otherwise sedentary occupations, they were also 'dedicated' runners, who sought to run long-distance in marathons or compete in triathlons. One of the changes that exemplifies this shift in attitude is the establishment of a column in *Running* called 'The Faint Hearted Jogger' in which 'Steve' updates his readers on his struggles to lose weight and adopt the exercise regime required of dedicated runners:

So our food cupboards are like Mother Hubbard's, empty of food and full instead of Super Shape Sports High Protein and Energy (banana flavour). Proformula 88 High Protein, Bonemeal, kelp and alfalfa tablets. We've bought a slim n'trim wheel which I despairingly pedal for three Thursday nights a month. My mouth tastes like a parrot's cage and my tongue looks like a Hammer Horror creation.⁵⁷⁷

The re-characterisation of the jogger, as more hapless and less dedicated, did not change the association between weight and professional men, but this relationship enacted an understanding of weight whereby men were expected to adhere to stricter standards of fitness. Successful runners, it was implied, were also successful people who applied themselves to the task at hand, unlike the 'fainthearted' jogger. This sentiment was also underlined in the introduction of a manual called *Shape Up You Man* from 1986:

For some men stacking an exercise routine on top of an already busy life may have counter-productive results. A workaholic, for example, may well adopt his exercise session in the way that he runs his business life - striving for perfection, pushing on when he's tired, making his workout another of life's challenges - so that the time and effort invested brings poor dividends.⁵⁷⁸

⁵⁷⁷ 'Steve', 'Dairy of a fainthearted jogger: To eat or not to eat?', *Running*, no.46, 1990, p. 14.

⁵⁷⁸ Catherine and Neil Mackwood, *How to Shape Up Your Man: A Twelve Week Course of Physical and Mental Exercise Devised by Mrs Mackwood and Tested with Great Success by Mr Mackwood* (London: Sphere Books Ltd., 1986), p. 19.

From the 1980s onwards, success, masculinity, and body shape are increasingly linked, through an understanding that professional men would want to apply the drive that they have in other areas of their life to their fitness. Being a casual or 'fainthearted' runner suggests that one is not pushing oneself enough, and so an expectation develops that motivated and successful people should seek to adopt the mentality of an elite athlete. Consequently, the associations between weight and the 'big wheel' paradigm of masculinity remain, although the physical bodies associated with them were shifting. This new approach to exercise in wealthier men can be related to the form of self-governance labelled by Nikolas Rose as 'mastering yourself'.⁵⁷⁹ Under this system of governance individuals are required to develop a 'despotic' form of control over their conduct and, seemingly, social status can be derived from performing this level of self-control. Therefore, the overweight executive men of the 1960s and 1970s, for whom lifestyle was an explanatory reason for obesity, are increasingly alienated from the power, class, and status that emanated from such body types.

The most self evident explanation for the literature's focus on the 'executive', as the site of male overweight, would be that it reflected demographic patterns of class and overweight in men. Demographic information on the prevalence of overweight or obesity broken down by class does not exist in any convincing form until the early 1990s; however, research from this period suggests that while wealthier women were less likely to be overweight, male patterns of obesity were unaffected by distinctions of social class, despite consistent cultural portrayals of overweight men as upper-middle class.⁵⁸⁰ Similarly, a study conducted in 1994, and published in the *Journal of Epidemiology of Public Health*, noted that obesity rates for men in both manual and non-manual social classes hovered at around 15%; whereas, women in manual and non-manual social classes experienced an obesity rate of 22% and 15% respectively.⁵⁸¹ Therefore, whilst there was a clear class pattern in the cultural portrayal of overweight men in the literature, this is not reflected in the demographic patterns of male overweight.

There are instances where health advice was aimed at a less elite section of the male population, but these were rarer and more likely to be publicly funded, rather

⁵⁷⁹ Nikolas Rose, 'Identity, Genealogy, History', p. 135.

⁵⁸⁰ A. Prentice and S. Jebb, 'Obesity in Britain: Gluttony or Sloth?', vol. 311, p. 439.

⁵⁸¹ P Zaninotto *et al.*, 'Trends in obesity among adults in England by age and social class from 1993 to 2004 and projected to 2012', *Journal of Epidemiology and Public Health*, vol. 41, no. 6 (2008), p. 143.

than commercially produced. An example of this might be the health education film, 'A Way of Life' which was co-produced by the Scottish Health Education Unit and the Health Education Council UK in 1976. The protagonist 'Jack' is a taxi driver in Edinburgh, he discovers that he has developed weight related hypertension, and is instructed to lose weight by his doctors. It is clear, in this film, that Jack's circumstances are different to the circumstances of overweight men typically portrayed in the weight management literature; he expresses concern about the expense of the diet that the doctors have given to him, and his wife explains to friends that, as a family, they can't afford for Jack to be taking time off work for ill health because he doesn't get paid.⁵⁸² As a taxi driver Jack, might be considered working class, and therefore the monetary concerns that do not normally figure in the advice aimed at men do surface. In this respect, Jack inhabits a compromised masculinity - although other forms of Brannon's gender role do surface, in other strands of the story, as a form of compensation.

Publicly funded information regarding weight management was often tied to the issue of heart health. During the period covered by this thesis, heart disease was a central public health concern for the UK, and it was increasingly targeted as a site for state intervention.⁵⁸³ This was especially the case for men, as cardiovascular disease caused roughly 50% of male deaths under 75 between 1968 and 1980, although after 1980 it did begin to decline; currently it stands at about 37%.⁵⁸⁴ Given the importance of CHD to men's health, and its relationship with overweight, it is notable that there seemed to be no commercial interest in producing weight control that would be relevant to a wider portion of the male population - which might suggest a lack of concerted male interest in such health concerns at this time.

A potential reason for the association between the executive and weight management practices could be that the types of publications that included male orientated health advice tended to be those with a focus on 'lifestyle', and traditionally

⁵⁸² 'A Way of Life' Health Education Council, 1976, Wellcome Collection, reference: 4448V. Although this can now be accessed through the Wellcome collection's digitised online resources at: <http://www.wellcomecollection.org/explore/sickness--health/topics/obesity/video.aspx?view=a-way-of-life> accessed 12th December 2013.

⁵⁸³ For discussion of state responses to heart disease and its relation to overweight see Chapter 1.

⁵⁸⁴ <http://www.bhf.org.uk/research/heart-statistics/mortality/time-trends.aspx> accessed 14th November 2013.

such publications were purchased by a wealthier male reader.⁵⁸⁵ Therefore, the elite masculinities represented in such media, are not a reflection of the demographic of overweight, but a reflection of the likely readership of male weight advice. Nevertheless, these publications were adept at using the 'big wheel' gender role to facilitate the promotion of weight management advice; because it allowed men to continue inhabiting a masculine identity, despite excess weight. Excess weight was constructed as a reflection of the work that such men put into professional aspects of their lives. Therefore, under these circumstances, weight became a symbol of dedication to their professional development and their upper-class credentials.

'No Sissy-Stuff' and the Anti-Dieting Man

'No sissy stuff', the second gender role identified by David and Brannon, is a striking feature of the literature, and it is identifiable from attempts to delineate male weight management as substantially different from the effeminate preoccupation of dieting. Chapter 4 argued that weight loss advice developed for women largely lacked references to the health implications of overweight; improved appearance and the way that one felt about one's body were the key benefits of weight control for women. For men, however, overweight was constructed in an entirely different manner with the triumvirate of strokes, heart attacks, and hypertension looming large in the literature. Often it was such concerns that were presented as the spur for weight control in men. As in the case of this family doctor booklet on men's health from 1973:

The most important thing about these [heart related] diseases is that, although once established they cannot be cured in the truest sense of the word, frequently they can be alleviated, or even prevented by a sensible pattern of living.⁵⁸⁶

⁵⁸⁵ While this is based on contemporary research, Susan Alexander did note that the readership of the developing male lifestyle magazine market, tended to be well-educated, middle class professional men. Susan Alexander, 'Stylish Hard Bodies: Branded Masculinity in *Men's Health* Magazine', p. 455.

⁵⁸⁶ R.J. Donaldson, *The Health of Men*, (A Family Doctor Booklet, Published by the British Medical Association, 1973), p. 4.

Dietary control and exercise were offered as the cure to such problems, and a similar understanding of male weight loss can be seen in the first addition of *Executive Health and Fitness*, when the editor explained the need for the magazine in the following way:

In the last few years a great deal of research had been undertaken on the value of exercise in preventative medicine. **Does physical exercise keep you alive?** The biggest killer in our Western society is I.D.H. - ischemic heart disease - and all middle-aged executives have this nagging fear of will they be next. They have every reason to be concerned as it has been estimated that **43% of all male deaths between 45 and 64 years are as a result of coronary heart disease.**⁵⁸⁷

Men were consistently reminded of the need to watch their weight because of the health problems associated with overweight and lack of exercise. Cardiovascular disease in its various forms was often highlighted, but so too was diabetes, alongside a general lack of wellbeing and fitness that resulted in tiredness or a lack of energy.⁵⁸⁸ Health, and perhaps a more generalised interest in wellbeing, dominates the motivational discourses that surround weight loss aimed at men, yet appearance and the freedom to wear particular clothes – so prominent in women’s literature – are barely mentioned at all. Motivations for male weight control are constructed in a different manner; while women’s motivations can be understood as rooted in a form of vanity (or at the very least a concern with one’s appearance) men’s are framed as emanating from medically established health concerns. Likewise, the preponderance of advice for men in the *Scottish Sunday Express* was derived from the doctor’s column, ‘All in a Doctor’s Day’. Consequently, advice on weight loss was legitimated as long as the motivations for weight loss did not emanate from vanity but from verifiable medical concerns. Disease, or the threat of ill health, loomed large in almost all of the weight advice literature aimed at men, indicating that men’s concerns about weight were only legitimised when explored through the prism of health. Frameworks that focused on health and the physical functioning of the body, rather than aesthetics, were a clear way through which

⁵⁸⁷ Dr John Davis, ‘Executive Health’, *Executive Health and Fitness*, issue 1, 1978 [NLS: P.la.7363].

⁵⁸⁸ For an example of the way that diabetes was presented as a factor to encourage men to control their weight see: Dr Cedric Carne, ‘Diabetes? Don’t be alarmed’, *Scottish Sunday Express*, September 12th, 1965, p. 6. For an example of the description of general malaise, see Barbara Robertson, *Once a Week Fitness for Men: A fitness programme for men of all ages* (Wellingborough: Patrick Stephens Ltd., 1987), p. 7.

men were able to distance themselves from the careful dietary restriction that characterised women's experiences of weight loss.

An alternative way in which dietary restriction was perceived as effeminate can be illustrated through the ontological difference between weight management through dietary restriction, and weight management through exercise. Hostility or ambivalence towards dieting in masculine advice predates the development of feminist concerns about the cultural significance of dieting, and concerns about 'dieting' expressed by male authors emanated from a very different place:

The Grisly Alternative

To emphasise just how agreeable a low-carbohydrate diet can be, just consider the discomforts of its only alternative, the low calorie-diet.

You all know the standard meals touted in the ordinary diet books:

- 2 tablespoons of cottage cheese with defatted French dressing.
- ½ lb of vegetable burger (A dry scratchy mass of grated carrots, soy beans, daisy petals etc.)
- 1 glass of skim milk
- 1 piece of dry toast
- black coffee

You are having the most beautiful women in the world over to dinner. Imagine sitting down with her to a dinner like that! "Do you think that we can afford a quarter cup of rhubarb juice darling?" "No dear I was so starved this afternoon that I ate two whole stalks of celery. I'll have to take easy for now." Romance does not fly very far on such wings.⁵⁸⁹

⁵⁸⁹ Gardner Jameson and Elliot Williams, *The Drinking Man's Diet: Or how to lose weight with a minimum of will-power* (San Francisco: Cameron & Co., 1965), p. 3.

Traditional diets, the low calorie diets followed by the most 'beautiful' of women, are presented as restrictive, unappealing and - most significantly - feminine. Beautiful women, such as the woman in the piece, are expected to follow such diets, and this is presented as normal. The jarring aspect of this fictional scenario, in the context of male dominated advice, comes from the man's response; by fretting over the consumption of a couple of celery sticks, he is framed as overly preoccupied with the minutiae of his diet. Furthermore the substance of what he is consuming is framed as un-masculine, which also (assumedly) affects how sexually attractive his partner considers him. Certainly, the implication of this story, reinforced by the use of humour to ridicule the idea of restrictive calorie counting, is that it places unnecessary bars on individuals who should be carefree and enjoying the foods they desire.

Femininity is implied through the eating patterns of the man in the story, but it is also implied through the substances consumed, exemplified by eschewing meat in favour of a vegetable burger. Culturally, there is an established history on the relationship between meat and masculinity. Michael Kimmel has argued that the modern variant of this relationship was established in the inter-war period when meat consumption became associated with the development of a muscled physique. However, Kimmel also noted the highly symbolic cultural meanings that were connected with the consumption of animal flesh; he argued that meat, such as beef which can be eaten in a raw state, offers a visceral connection to the animal, and by consuming its blood and flesh one can aspire to appropriate the vigour of the animal.⁵⁹⁰ Likewise, Jeffery Sobal has argued that the consumption of meat is often a way of "doing gender" and is used as a cultural script for 'strong', 'healthy', and wealthy types of masculinity.⁵⁹¹ High protein, low-carbohydrate diets were promoted to men throughout this period, often referred to as the 'Caveman' or 'Paleo' diet, suggesting that the association between masculinity and meat continued to thrive. One can also assume an inverse relationship, whereby consuming vegetable burgers made from 'daisy petals' meant the absorption of the fragile femininity instilled within flower petals.

⁵⁹⁰ Michael Kimmel, 'Consuming Manhood: The Feminization of American Culture and the recreation of the male body 1832-1930', *Bending Bodies: Moulding Masculinities*, volume 2 (Aldershot: Ashgate, 2003), p. 65.

⁵⁹¹ Jeffery Sobal, 'Men, Meat, and Masculinities: Models of Masculinity', *Food and Foodways: Explorations in the Culture and History of Human Nourishment*, vol. 13, issue 1-2 (2005), pp. 135-158.

Gentle mockery of those habits perceived to be feminine is continued through the response of the man in the scenario; eschewing a glass of rhubarb juice, because of a celery transgression earlier in the day, emphasises the minutiae of attention required to diet (in the traditional sense). Careful weighing and measurement of foods and calories was often presented as an unappealing trait; indeed male targeted diets frequently advertised themselves on the amount of food that they allowed their followers to consume. Take, for instance, the *Eating Man's Diet* published in 1972. In the introduction the author describes the reaction of a friend after seeing how much he had ordered for lunch whilst following this diet:

He looked bewildered. 'What's the secret? Skip breakfast?'

'Not at all. For breakfast this morning I had ham and eggs - the way that I like them - with cheese and a little jelly. I had fried potatoes on the side, a couple of pieces of toast, liberally spread with margarine and honey. Also, a half-grapefruit, a glass of tomato juice and – yes - cereal with milk and sugar.'⁵⁹²

The masculine qualities of diets were generally measured on three broad factors: firstly the quantity of food allowed; secondly, not feeling socially isolated when following the regime; and thirdly, whether it allows men to continue drinking alcohol. In the context of male weight control, food restriction implied a loss of enjoyment in life: "so drinkers of the world, throw away your defatted cottage cheese and your cabbage juice; and sit down with us to roast duck and burgundy. You have nothing to lose but your waistlines."⁵⁹³ Part of the appeal of sustaining the quality and quantities of foods eaten may have been satiety but it also allowed men to hide their diet, thereby avoiding any hint of personal weakness to the outside world – a feature of the 'sturdy oak' gender role discussed later.

However, to return to the 'no sissy stuff' gender role, the cultural feminisation of dieting and controlling one's food consumption has significant implications for the techniques of weight governance recommended to men. Programmes that focused on

⁵⁹² Thomas Sharkey, *The Eating Man's Diet* (London: Corgi Books, 1972), p. 11.

⁵⁹³ Jameson and Williams, *The Drinking Man's Diet*, p. 13.

developing physical fitness, rather than engaging in dietary restriction, form the bedrock of advice aimed at men. One potential reason for this phenomenon, discussed in greater detail in the second half of the chapter, is that while women were able to control and monitor their food intake, men were unlikely to do so. Consequently, it would have been harder for men to control energy input, but they had greater agency in controlling energy output. Another reason for this preference is that, while dieting was seen as an effeminate activity, fitness was much more easily constructed within the bounds of hegemonic masculine behaviours – in particular, from cultural understandings over the difference between the passive nature of eating less and the active implications of moving more. This idea is expressed in the literature when men are told that they should not be seeking weight control, rather they should be seeking to increase their muscle density and fitness:

You can avoid wastage of energy [and weight gain] by acquiring a level of physical capacity well above the level required to perform daily tasks. This can be done by supplementing your daily physical activity with a balanced exercise programme performed regularly. Your capacity increases as you progressively increase the load on your muscular and organic systems.⁵⁹⁴

Exercising more, the followers of this regime are promised, has the benefit that they needn't worry about what they eat because surplus energy would be absorbed by exercise and increased energy usage at rest. As a framework for weight control, it is notable that exercise is often constructed in opposition to women's dietary restriction, which advised against increased exercise in case it stimulated one's appetite.⁵⁹⁵ A reason why this conflicting advice might have developed seems to stem from the social expectations of physical movement in men and women; namely that whilst women were discouraged from engaging in strenuous exercise in a public setting, men were encouraged to do so. Therefore, women were expected to inhabit a more passive physicality, whereas men were viewed as masculine for actively engaging in strenuous physical activity.

⁵⁹⁴ *5BX Plan for Physical Fitness: For Men* (anon), (Penguin Health, 1986), p. 17.

⁵⁹⁵ See Chapter 4 for further discussion on this matter.

Considerable care was taken within the literature to ensure that the processes of weight management were reinforcing, or at least compatible with, traditional masculinities. Furthermore, the perception that 'dieting' was a feminine activity is reinforced through examples of men who are presented as participating in 'feminine' forms of weight loss. Even those with established masculine credentials - such as elite athletes - could be feminised by adopting such behaviours. For instance, a Pathé newsreel from 1967 shows England cricketer Colin Milburn attending a health and beauty farm in Henlow, Bedfordshire, to help him to lose weight for his upcoming season. Three shots are particularly notable for establishing that he is straying outside the bounds of traditional masculine behaviour: the first shows him attending an aerobics class where he is the only man, surrounded by women in skin-tight leotards; the second features Milburn in a bubble bath with the voiceover announcing that he "has swapped foaming pints for foaming baths"⁵⁹⁶; thirdly, there is a shot where he attempts to 'escape' from Henlow, only to be lured back by the pretty attendants from the centre, showing a lack of resolve for his endeavour. Humour, is based on cultural understandings of how men and women were expected to engage in processes of weight management. From this newsreel, it is clear that health farms, and associated activities, like facials (which we see Milburn having), are a female domain. Therefore by attending a health farm Milburn is operating outside a normalised masculinity. The final scene of this newsreel shows him ordering his lunch accompanied by the following voiceover:

After a hard days innings against a tough team [being the women in the spa] a man needs fortifying and there's still plenty of Colin to fill up. So how about a nice steak with all the trimmings? Ah he can hardly wait. But just look at that for a sneaky delivery, Milburn certainly wasn't happy with that one. Egg and lemon water, a diet to stump any man.⁵⁹⁷

Other newsreels that show women attending health farms are not uncommon, although in this instance they avoid the humorous tone of the Milburn film - a

⁵⁹⁶ Henlow Health and Beauty Farm (1967) <http://www.britishpathe.com/video/henlow-health-and-beauty-farm-aka-colin-milburn-1> accessed 18th December 2013.

⁵⁹⁷ Henlow Health and Beauty Farm (1967) <http://www.britishpathe.com/video/henlow-health-and-beauty-farm-aka-colin-milburn-1> accessed 18th December 2013.

difference that stems from the gendered expectations of the individuals involved. Humour, based on the notion that men might seek to lose weight in the same social contexts and through the same techniques as women, underlines that men were expected to exhibit very different social spaces than to women in this regard, and it would be important to observe these differences if one was to avoid the 'sissiness' associated with such transgressions.

It was noted earlier in this chapter that, until the late 1970s, additional body weight was associated with social capital derived from the implied wealth and social position. It was further noted that, towards the end of the period, men were increasingly expected to conform to body ideals: social capital in men became associated with a dedicated interest in health and exercise, as illustrated by the competitive running phenomena that emerged in the 1980s. Despite this greater latitude, social and cultural perceptions of the overweight male body were not necessarily viewed favourably and the development of excess weight could dent one's masculinity. Overweight, as a detriment to masculinity, is partly derived from how and when in the lifecycle overweight developed in adult men. Marriage and middle age were marked as key periods during which men were expected to gain weight, as indicated in the excerpt from a booklet on men's health produced by the BMA:

Most men cease leading active lives as they begin to settle down with their families and put down roots. They always take a bus or a car, use lifts instead of stairs, relax in front of the TV, or even spend the evening in the pub! But usually they don't stop eating or drinking; they smoke more and become sluggish and overweight.⁵⁹⁸

Youth is often presented as a period of physical fitness and activity, whilst marriage is seen as an inhibitor of that lifestyle, resulting in overweight. Another example of the way that marriage was perceived to be the source of overweight can be seen from this extract from Dr Cedric Carne's 'All in a Doctor's Day' column:

I didn't recognise Clifford Hughes when he came into my surgery. He had been a neighbour of mine until two years ago. Then he moved

⁵⁹⁸ R.J. Donaldson, *The Health of Men*, p. 4.

house and I hadn't seen him since. During those two years he had put on a great deal of weight. And I recalled that his wife was an extremely good cook.⁵⁹⁹

Wives are presented as providing home comforts that might be missing from a bachelor's lifestyle, like well-cooked meals, but these comforts are constructed as encouraging the development of overweight. Therefore, the argument develops that an increasingly sedentary lifestyle, alongside a comfortable and well catered for home life, leads to overweight and that men's weight gain was rooted in male 'domestication'. Therefore, male weight gain was linked to comfort in the familial situation, suggesting that male entry into the domestic sphere was also a feminising process that made one less physically desirable and competitive.

Exercise as a response to domestication is common; often it was presented as part of a wider process through which men regained their youthful vigour. A radio play called 'Cigars don't count', from 1980, explores this issue in greater detail. The focus of the play is Dick, a middle-aged man who decides to start a new health regime. The extract below is from a scene where his wife is pushing him to talk more openly about his feelings. This dialogue fades out, and we begin to hear Dick's inner monologue: "The problem is that I don't want to feel better [healthier], I want to feel sexy and powerful."⁶⁰⁰ Dick's decision, within the play, to start his 'health kick' (running daily) is taken in the broader context of mundane family life, as he is continually reminded about routine household tasks, such as fixing the drains, as well as colleagues starting affairs with secretaries because of their boredom with their own lives. Considering that Dick owns his own business, one can assume that he is not powerless within his professional life; therefore the de-masculinisation he feels is emanating from his home life. In this circumstance, fitness can be seen as part of a wider project to regain control and satisfaction with one's life. Consequently, while the literature tends to construct health as the primary motivator for weight control in men, this inner monologue offers a different perspective on why men might choose to alter their diet and lifestyles.

Comfort as a challenge to masculinity is a theme that resurfaces regularly within the male advice literature; in particular technological advancements and labour saving

⁵⁹⁹ Dr Cedric Carne, 'A Husband that was too well fed', *Scottish Sunday Express*, June 13th 1976, p. 4.

⁶⁰⁰ *Cigars Don't Count*, [min. 15.30-15.41], 1980, British Universities Film and Video Council, <http://bufvc.ac.uk/tvandrado/lbc/index.php/segment/0116900067001> accessed 19th October 2013.

devices were framed as problematic for the modern man. Until the mid 1960s, with memories of war still looming large in the popular political consciousness, this issue was culturally related to citizenship and national competitiveness.⁶⁰¹ *Fitness for the Average Man* (1952), for instance, introduced the book as helping men take their place as the archetypal 'citizens'. Citizenship, in this respect, was achieved by remaining strong and fit, although the challenge of doing so was outlined in the following manner:

In civilised life there has been a great increase in sedentary work and a shift to mental and intellectual forms of human endeavour and even in certain natural occupations the introduction of machinery encroaches continuously upon physical application ... The ever-increasing protective influence of clothing, of wind sheltered dwellings and of artificial heating withdraws people more and more from a struggle with the rigours of Nature.⁶⁰²

Technology, rather than signifying the achievements of humankind, is viewed as a cause of laziness and declining competitiveness in the male population, as indicated by the increase in overweight men. It is explained to the reader that this has implications not just for the individual men, but for the nation as a whole. Once again, the spectre of men leading increasingly sedentary and, implicitly, feminised lives seems to come to the fore, as the author suggested that while 'primitive' women were required to engage in physical labour, this was no longer the case; but this was not a problem for women because they were better suited to accomplishments requiring lightness and grace. However, the declining physicality of men's occupations meant that these accomplishments were not required of men, leaving them with feminised lives where the strength and rigours of fighting for survival were no longer required, but, instead, they were required to adapt to post-war frameworks of domesticity.

⁶⁰¹ This echoed inter-war discussions of overweight, which overwhelmingly focused on men as the most important site of good physical health in the context of national military tensions in Europe. For further discussion of this see: Ina Zweiniger-Bargielowska, 'Building a British Superman: Physical Culture in Interwar Britain', *Journal of Contemporary History*, vol. 41, issue 4 (2006), pp. 595-610. These concerns were particularly expressed within fascist movements in the UK see, Tony Collins, 'Return to Manhood: The cult of masculinity and the British Union of Fascists', *The International Journal of the History of Sport*, vol. 16, no. 4 (1999), pp. 145-162.

⁶⁰² Adolphie Abrahams, *Fitness for the Average Man* (London: Alcuin Press, 1952), p. 3.

Breadwinners and Privacy, the 'Sturdy Oak' Gender Role

By the late 1960s the overt connections between citizenship, fitness, and masculinity diminished, although the association between fitness and masculinity remained. In place of citizenship, however, fitness became a responsibility that men owed to their families so that they could provide and care for them. 'A Way of Life', the health education film featuring 'Jack' from 1976, raises this matter in a dramatic fashion. During the final scenes of the film, Jack takes his infant son out for a walk in the pram. An accident occurs, causing the pram to roll down the hill into oncoming traffic. Noticing the looming tragedy Jack and his sister run after the pram, but because of his excess weight, Jack cannot run quickly enough; his sister overtakes him and saves the child. However, the exertion of running after the pram causes Jack to have a heart attack, at which point the film ends.⁶⁰³ There is ambivalence in the ending of this film; nevertheless it is clear that Jack's excess weight (and his unwillingness to diet) leads to a potentially disastrous situation for Jack and his young family, the film having earlier explained that Jack's poor health had caused the family financial problems. A similar argument is also made in *Fitness for Men* (1969), when the author reminds the readership that they need to remain committed to the regime, not only for their own sake, but also for the wellbeing of their families.⁶⁰⁴ Overweight, whilst often associated with class, power, and social capital, could also be presented as partially resulting from a domestication of the wilder bachelor causing difficulties in caring for one's family. This tension illustrates that, while weight and masculinity were not antithetical, the social and cultural pressure to conform to the project of health and self-improvement were nevertheless evident. Through presenting excess weight as undermining men's ability to construct themselves within the traditional breadwinner framework, overweight was constructed as inhibiting men's ability to engage with the 'sturdy oak' gender role.

Hiding that one was on a diet was part of the stated appeal of some dieting manuals, but it also conforms to aspects of the 'sturdy oak' personality type. The *Eating*

⁶⁰³ 'A Way of Life' Health Education Council, 1976, Wellcome Collection, reference: 4448V. Although this can now be accessed through the Wellcome collection's digitised online resources at: <http://www.wellcomecollection.org/explore/sickness--health/topics/obesity/video.aspx?view=a-way-of-life> accessed 12th December 2013.

⁶⁰⁴ Joseph Edmundson, *Physical Fitness For Men*, 2nd ed. (London: Acro Mayflower Handybook, 1969), p. 53.

Man's Diet explained to its participants that the appeal of the program was the dieter's ability to hide their endeavour. Similar to the recently popularised 'Dukan' or '5:2' diets, it suggested that oscillating between 'eating' and 'fasting' days would allow people to hide their diet from others. Under this regime, readers were told, one could see family, friends or attend social functions on 'eating' days, and continue to eat normally in the presence of others, and fast or diet when others were not around.⁶⁰⁵ A benefit, implied through the desirability of maintaining an outward veneer of normalcy, is that others remain ignorant of the project. One's decision to diet can remain private, thus, men following the diet need not reveal any weaknesses about themselves. The benefits of privacy were seemingly threefold to the male dieter; firstly, privacy meant that the dieter would not need to expose himself as struggling with how much he eats, nor was he required to expose himself as concerned about his weight and personal appearance, and finally, he could avoid the potential scenario of others knowing that he had tried, but failed, to lose weight. Collectively, these factors colluded to enable men to maintain the 'sturdy oak' gender role by avoiding any public admission of dietary weakness.

Admitting a weakness in relation to food and diet could also provide an additional explanation as to why sports magazines, such as *Jogging*, seemed to engage with the issue of weight loss and weight management more directly than other forms of media consumed by men. The difference was that it offered a way for men to engage with the issue of weight management without it being outwardly recognised as such. Through the purchase of sports magazines, the individual would be able to present himself as a fledgling sports enthusiast, rather than as someone concerned about their weight, even though recipes and advice found in the magazine were not dissimilar to the articles found in women's lifestyle magazines. Nevertheless, this interpretation relies on the wider understanding that admitting concern about one's weight and appearance threatened one's masculinity. Certainly, the desire for privacy in this matter would mean that, to the outward world, he might continue to exude confidence, self-reliance and emotional stability.

⁶⁰⁵ Sharkey, *The Eating Man's Diet*, p. 57.

‘Given ‘em Hell’ and the Everyman Superhero

So far in this chapter, three types of masculinity outlined by David and Brannon have been discussed; the reliable ‘sturdy oak’, the executive ‘big wheel’ and the anti-dieting ‘no sissy stuff’ masculinities. The final aspect yet to be considered in this half of the chapter is the ‘give ‘em hell’ gender role that focused on danger, violence and aggression. While overt references to aggression and violence in weight loss literature are not consistently present, those instances where such gender roles are employed provide an interesting insight into how a male population, thought to be increasingly feminised, could respond through the development of a hyper-fit and strong body type. In *Fitness for the Average Man* the author, Sir Adolphie Abrahams, encouraged men to engage in exercise, fitness, and competitive sports in the following manner:

By violent exercise one means exertion carried to the utmost limit of physical capacity. There exists a psychological urge, which represent the primitive instinct of strife, which, however stifled, and suppressed by civilisation, nevertheless survives and survives to some purpose. And modern games and athletics, which include the element of competition to a substantial degree, are basically conventionalised outlets that help the civilised citizen to express his emotions vicariously and to control his radical aggression, the aggression for which the organism was constructed and which all animals to survive must practice.⁶⁰⁶

The development of a muscular body and the loss of excess weight are framed as a way of allowing men to channel their physical aggression through more suitable outlets. Masculinity, in this instance, is articulated via expressions of violence and physical aggression embedded within one’s behaviour. A similar understanding of the basis of masculine behaviour is also offered here:

... if - like millions - you *know* you are MR SOFT but hanker to change things, then here’s how. Here is how to be as strong as you want, as

⁶⁰⁶ Abrahams, *Fitness for the Average Man*, p. 10.

tough as you *want* to feel. All you need is a body in medically sound condition. And a burning determination to start now.

MR TOUGH says here is an arm. Here is how to rip a telephone directory in half *now* (without cheating or exercising a muscle). Here is how to work on that limb for a fortnight to reveal growing muscles. And here is how to build on those 14-days with a choice of exercises to convert that arm into a thudding piston with a *real* big end (YOU).⁶⁰⁷

Mr Tough: The powerkit of fitness and strength for ALL men, a fitness manual from 1969, introduced the book's fitness regime by stating that men living in the 20th century had been roundly "stripped of masculinity".⁶⁰⁸ To energise its readership, the manual relies heavily on the use of sexualised imagery, which is offered as an antidote to the process of male feminisation. The book itself is also littered with references to violence and aggression, and this imbues descriptions of the achievements possible if one were to follow the author's advice. What is needed is a:

Strong motive. Want / want / want strength enough to murder unfit body for a new carcase because you stand to gain...

Respect. Self-respect. Self-confidence. Admiration. Friends. Girlfriends. Sinews to burst wristwatch strap clasp / muscles to make shirts strangle you / fists to burst driving gloves.⁶⁰⁹

Fitness, under these circumstances, allows men to regain a form of virile masculinity lost in contemporary society, in particular it facilitates a resumption of masculinity based on physical dominance. The vivid descriptions of shirts ripping and watches bursting off bulging muscles is reminiscent of superhero imagery of the period, for example *The Hulk*, which had first appeared as a comic seven years earlier in 1962. Male superheroes, argues Jeffery Brown, offer a useful insight into masculinity because they

⁶⁰⁷ Anthony Greenbank, *Mr Tough: The Powerkit of Fitness and Strength for ALL Men* (London: Wolfe Publishing, 1969), p. 8.

⁶⁰⁸ *Ibid.*, p. 7.

⁶⁰⁹ Greenbank, *Mr Tough: The Powerkit of Fitness and Strength for ALL Men*, pp. 11-12.

are formed from the most rudimentary representations of masculinity in modern society.⁶¹⁰ As representations of masculinity in weight management, they are particularly unusual, because the gender roles they portray are highly normative whilst also being aimed at young men - a sub group absent within the literature. Certainly, *Mr Tough* offers a very particular characterisation; physical prowess, power, and sexual desirability are presented as bursting out (in somewhat violent manner) from a fit male body. However, the wider implication of a framework that views fitness as an outlet, and expression of, a violent masculinity is that the project of attaining physical fitness can be understood to be part of a re-masculinising process, facilitating the expression of an increasingly forbidden form of post-war masculinity characterised by aggression and physical dominance.

Many of the themes discussed so far in this chapter have fitted quite closely to Brannon's four gender roles associated with hegemonic masculinity. Naturally, these are not the only masculinity traits that appear in the literature, and the literature does include other gendered characteristics. Another facet of masculinity that often appears, yet does not necessarily fit into one of Brannon's gender roles, is alcohol. Alcohol, beer in particular, is commonly referred to in the discussion of male weight management; this is particularly notable given that advice on managing alcohol consumption is not mentioned in any of the source materials consulted for female weight management. In the literature aimed at men, however, alcohol is presented as a central sticking point and manuals (such as *The Drinking Man's Diet*) were developed to cater for men in this regard. Drinking is positioned as an ingrained aspect of men's social and professional lives, with business conducted via the martini glass, and women wooed through champagne and fine dining. Regular drinking was understood to be part of men's wider "personal and social responsibilities" as well as a matter of personal preference.⁶¹¹ Alcohol is not only positioned as part of the fine dining lifestyle of businessmen; it also appears in the context of a wider male drinking culture as exemplified through the problems that 'Jack' encountered when dieting in 'A Way of Life'. In one particular scene, Jack is in the pub, a distinctly more working-class setting, when a friend mocks him for the change in his drinking habits:

⁶¹⁰ Jeffery A. Brown, 'Comic Masculinity and the New Black Superhero', *African American Review*, vol. 33, no. 1 (1999), p. 25.

⁶¹¹ Jameson and Williams, *The Drinking Man's Diet*, p. 2.

Taxi Driver: The slim young man on my left here would like a half pint of lager, and a pint of lager for me dear!

Jack: Oh... very funny...

Taxi Driver: How long are you going to stick to half pints then?

Jack [sarcastically]: Ah, I'll probably go off it completely, yeah, take up things like slimline tonics, maybe even play a bit of football again, eh?
[Laughs]⁶¹²

The relationship between masculinity and the consumption of alcohol has received considerable scholarly attention because of the potential health consequences arising from excess consumption. Social conventions that present the consumption of large quantities of alcohol are often highlighted as emphasising one's masculinity. Alcohol, it is argued, is a key portal through which masculine competencies are established.⁶¹³ As in the literature described above, the partial cessation of drinking during periods of dieting is seen as a threat to masculinity; this is particularly evident in Jack's joke about switching to slimline tonics - a drink traditionally associated with women. While the discussion of alcohol consumption and masculinity does rely upon traditional notions of masculine behaviour, it does not directly conform to one of Brannon's big four male gender roles. Therefore, the value of these four themes lies in the way it highlights some of the various facets through which traditional forms of masculinity inflects the advice on offer. The consistency of hegemonic models of behaviour offered within the male advice literature partly reflects the socially conservative nature of weight management advice in the period. However, it also highlights the gendered status that dietary management held in the period; because dieting was imbued with a feminine quality, male weight management advice often sought to find ways through which fears

⁶¹² 'A Way of Life' Health Education Council, 1976, Wellcome Collection, reference: 4448V. Although this can now be accessed through the Wellcome collection's digitised online resources at: <http://www.wellcomecollection.org/explore/sickness--health/topics/obesity/video.aspx?view=a-way-of-life> accessed 12th December 2013.

⁶¹³ Richard Visser and Jonathon Swift, 'Alcohol Consumption and Masculinity in Young Men', *Psychology and Health*, vol. 22, no. 5 (2007), p. 609.

of emasculation could be soothed. As a result advice tended to be contextualised through highly traditional forms of masculine behaviour.

Part II

This man just ignores the menu! Marriage, food preparation and the conflicted nature of male responsibility

Sexual division of labour in the home

Histories of masculinities and domesticity since the Second World War have tended to emphasise the development of a 'home centred' society which was based on the development of cross class affluence in the 1950s and 1960s. While the Second World War is credited with reigniting a desire for domestic stability, the post-war period is viewed at the period which revived traditional patterns of domesticity. This revival is often characterised by the improved comfort of familial spaces (as a result of improved housing stock) and greater access to consumer durables.⁶¹⁴ Goldthorpe et al. also supported similar understandings of post-war domestic relations. In their affluent worker study they argued that the workers in Luton were adopting a 'privatised' style of living that reflected the economic advancements of the period.⁶¹⁵

Despite this emphasis on domestic space, roles within the home continued to be divided along gender lines and, as a result, the sexual division of household tasks became an issue that occupied many writers associated with second wave feminism. Authors such as Ann Oakley identified household labour as a key site of gender inequality which kept women from achieving in other social spheres, like employment.⁶¹⁶ Certainly, this unevenness can be detected in the literature that surrounded male weight management over the period 1950-1995. In the realm of male weight and dietary advice this phenomenon is reflected through the intended recipients of advice; resulting in women (in their roles as wives) becoming the focus of information

⁶¹⁴ Claire Langhammer, 'The Meanings of Home in Post-war Britain', p. 361.

⁶¹⁵ Goldthorpe et al., *The Affluent Worker In The Class Structure*, pp. 165-6.

⁶¹⁶ See Ann Oakley, *Housewife* (London: Allen Lane, 1974).

about men's diets. Advice was disseminated through the medium of women's lifestyle magazines, but it can also be found in newspapers, and even within health manuals nominally targeted at men. Targeting information at women underscored the fact that they were - for the vast majority of the period under consideration here - responsible for the purchase and preparation of food eaten by men.⁶¹⁷ In this respect, the argument outlined in the latter part of this chapter will follow the discussion elsewhere in this thesis; namely that women were the lynchpin around which networks for the responsibility of the family's nutritional health were formed.⁶¹⁸ Therefore, for a more rounded understanding of male weight control between 1950 and 1995, one needs to consider how women were expected to assume responsibility for the diet and, by proxy, the weight of their husbands. Naturally, any discussion that focuses on the ways that wives and husbands interacted over food and health is only relevant to those men who were married, but as highlighted elsewhere in this chapter, married men were perceived to be most at risk from overweight - and marriage was the well established norm for men at this time.⁶¹⁹ Tracing the social interactions that underpin the nature of advice aimed at wives, the following argument also fractures the carefully constructed hegemonic masculinities that were outlined earlier in this chapter.

The fact that married men were viewed as most at risk of developing overweight, in this period, partially explains the lack of advice that focuses on young overweight men. However, other factors may also contribute towards the phenomenon of advice being targeted at older men in the post-war period. For instance, the average age of marriage for men in 1971 was 24, which means that many men probably moved from the familial home where they were cared for by their mothers, to the marital home where they were cared for by their wives. As a result, the numbers of independent men requiring information on how to cook food and moderate their health may have been relatively low so advice was targeted at older men, for whom weight

⁶¹⁷ This would also support the arguments of historical and contemporary research that suggests women still tend to do the vast bulk of household labour, see: Jonathon Gurshuny and John Robinson, 'Historical Changes in the Household Division of Labour', *Demography*, vol. 25, no.4 (November 1988), p. 537 – 557; and for a more recent discussion, Man Yee Kan, 'Does Gender Trump Money? Household hours of husbands and wives in Britain', *Work Employment and Society*, vol. 22 (2008), pp. 45 – 66.

⁶¹⁸ For further discussion the role of women in the diets of their children refer to Chapter 3.

⁶¹⁹ It is also possible that this advice was relevant for women who had older sons living with them, although this is not discussed in this literature. The relationship between mothers and their younger children is discussed in chapter 3, in which it was argued that mothers were seen as being overly indulgent with their sons.

was a greater problem.⁶²⁰ Therefore, lifecycle factors and the social frameworks of marriage colluded to encourage a situation whereby there was little space within men's lives where they needed to take an active interest in the nutritional quality of their diet.

Within the advice literature, it was common for men to articulate the expectation that one's wife should have command of familial food preparation. One notable expression of this comes from a letter written to the 'Lucy Ashton Problem Page' in the *Scottish Sunday Express*. The male writer explained his predicament in the following way:

Dear Lucy,

Six months ago I left my wife for another women and now I realise that it was a bad mistake. This girl was an ideal mistress but as a substitutive wife she's a disaster, untidy, a poor cook and temperamental. How I long for the home background my wife provided, but since I treated her so shabbily I can't ask her to take me back.

Despondent.⁶²¹

'Despondent's' distinction between what he expects from a wife, in contrast to his mistress, largely centres on each woman's expertise in providing a comfortable home; his mistress's lack of cooking ability features prominently in his description of his decision as a 'mistake'. Other factors that might influence one's feelings about a marriage, such as love and companionship, are absent. It is also notable that the response from Lucy Ashton does not question his framing of the situation, or even his motivations for wanting his wife back; instead she offers a plan to 'win' her back. The posing of this question, and the response to it, underlines the perception that food was recognised as a defining feature of the marital relationship.

⁶²⁰ Both men and women tend to gain weight as they age, although in men childhood obesity is a strong indicator of obesity in adulthood. This might suggest that men have tended to be less actively engaged in health care practices throughout the lifecycle. See: Casey *et al.*, 'Body Mass Index From Childhood To Middle-Age: A 50 y follow-up', *American Journal of Clinical Nutrition*, vol. 56, no. 1 (July 1992), pp. 14-18.

⁶²¹ 'Lucy Ashton Problem Page: When a mistress is no match to home cooking', *Scottish Sunday Express*, June 20th 1976, p. 18.

Equally, women would often strive to uphold traditional gender roles and food could feature as a point of concern and frustration if men were felt to be ignoring their efforts; or so felt Mrs Duncan when she wrote a letter to the *Scottish Sunday Express* in 1955:

It's three years since my husband first started taking his midday meal away from home. And every day of the week his menu is the same - pie, beans and chips, and coffee. I've stormed at him, and bribed him to vary his diet, but no - he likes a pie and chips!

It isn't good for him, but what can I do? He refuses to carry sandwiches, I see that he has a nourishing meal when he comes home in the evening, but how far it goes to offset his staple diet I do not know.

Do other wives have the same trouble or is there a sure remedy that I am missing?⁶²²

Mrs. Duncan's frustration with her husband is located in the fact that, because he eats his midday meal away from home, she cannot influence his nutritional intake, as she would do if he were eating at home. Evidently, Mrs Duncan sees herself as responsible for his diet, and so feels beholden to find a way to encourage him to expand his palate. Her frustration at Mr. Duncan's unhealthy eating habits arises from her own feelings of responsibility for his diet, which, in turn, arises from not having control over his dietary intake and his unwillingness to abide by her rules. Marital discord occurs in the example from the seemingly innocuous act of a husband choosing his own lunch, yet it illustrates the extent to which men were not expected to make decisions about their diets. Indeed, it seems that it was hoped that they would be docile within the dietary process, although this was, perhaps, only possible within a domestic setting.

Intrusions by men into the sphere of food preparation can also be seen as resulting in women expressing frustration, because it was viewed as a challenge to women's own position. The following letter, is from 1975:

⁶²² 'Letters Page: This Man Just Ignores the Menu!', *Scottish Sunday Express*, December 18th 1955, p. 4.

Has women's lib finally undermined men? I am beginning to wonder because these days so many men are interested in cookery and cosmetics. Last week I met a husky six-footer at a disco, but when he asked me out it wasn't to cinema or to dancing, it was to his flat to taste his Indian curry and lemon soufflé. I turned him down, I want a man not a pastry chef.⁶²³

Associating men's interest in cooking with the women's liberation movement underlines the fact that centring women within the story of male weight control relies on traditional or, for this period, conservative, understandings of gender roles in the home. Nevertheless, the response of the author to this proposal also highlights that, like Mrs Duncan, women could value this responsibility and resist changes to the existing balance of domestic responsibility.

Furthermore, while changes to the sexual division of labour could have been occurring within the younger generation from the 1970s onwards, those who married in the earlier period discussed by this thesis (the early 1950s to mid 1970s) might have been more likely to continue to adhere to the roles established in early married life. The importance of recognising the existence of this generational divide can be seen in a comment by a community-health dietician interviewed for this thesis, when asked whether she had developed any initiatives that specifically targeted men, she commented:

We are doing quite a lot of work with carers of older people, erm, so unpaid carers, who are predominantly men, not always, who are unpaid carers who are older people and there's a... definitely a cohort of men who've been left on their own. Who have been used to having their wife do all the food chopping, cooking preparation, erm, all of a sudden it has become a challenge to them.⁶²⁴

An identifiable need to offer lessons on cooking skills to older men, who were left unable to cook after the death of a partner, highlights the limited exposure that some

⁶²³ Lucy Ashton, 'Lucy Ashton's Problem Page: Cordon Bleu', *Scottish Sunday Express*, July 18th 1976, p. 16.

⁶²⁴ Fiona Smith, interviewed by Martha Kirby, Kilmarnock, Ayrshire, February 2013.

men clearly had to cooking and food preparation throughout their married lives. Whilst such experiences might be less common for those married from the 1980s onwards, it does highlight the disconnected relationship that could exist between men and food preparation throughout the period. Although recent research suggests that, despite changes in gender roles since the 1970s (with men engaging in household tasks like washing up), a strong relationship continues to exist between femininity and everyday food preparation, with men tending to 'specialise' (if at all) in outdoor cooking or elaborate dinners for guests.⁶²⁵

Between 1950 and 1955, advertising, alongside more conservative publications, such as *Good Housekeeping*, continued to place women at the centre of familial diets. 'Straight Facts on Food' an article from 1985 focused on the difficulty of understanding the wide variety of nutritional information available to women; it chose to illustrate this problem through the medium of wives trying to decide whether they should get their husband to eat margarine or butter.⁶²⁶ Similarly, a breakfast cereal advert from 1990 described the predicament of 'modern' housewives in the following manner:

Take a typical family, Mr. Robinson has a job in the city. He smokes, is slightly overweight, doesn't take much exercise and has recently been found to have raised blood cholesterol levels. His wife is obviously concerned about her family's health. She knows that eating healthily means eating less fat and more dietary fibre, but isn't sure how to put it into practice.⁶²⁷

While the traditional gender roles portrayed within these scenarios could seem slightly anachronistic for the later period covered by this thesis, analyses of the relationship between wife and husband suggests that more traditional understandings of domestic gender roles do remain intact over this period. Therefore, while campaigners such as Ann Oakley may have been seeking to revise domestic power structures, more

⁶²⁵ For discussion of men's cooking practices see: Alice Julier and Laura Lindenfeld, 'Mapping Men Onto the Menu: Masculinities and food', *Food and Foodways: Explorations in the Culture and History of Human Nutrition*, vol. 13, issue 1-2 (July 2005), pp. 1 – 16. For discussion of broader household tasks see: Anne Murcott, 'Food and nutrition in the post war Britain', p. 162.

⁶²⁶ Antonia Rowlandson, 'We Need Some Straight Facts on Food', *Good Housekeeping*, vol. 128, no. 6, 1985, p. 43.

⁶²⁷ 'Healthy Lifestyle' for Kellogg's Oat Sense, *Good Housekeeping*, vol. 138, no. 5, 1990, pp. 192-3.

traditional relationships in which women have responsibility for their own, their children's and their husband's diet, prevailed within the home.

Who's cooking? Marriage and negotiating responsibility of diet

Due to the central role of women in food preparation, there is an uneasy tension in the literature between the advice targeted at men and the realisation that these men are unlikely to be preparing their own food. *The Drinking Man's Diet Cookbook* offered a set of recipes that would fit into the 'Drinking Man's' daily life; the cookbook was released in 1969 as a response to the success of the dieting manual *The Drinking Man's Diet Book* published four years earlier. The introduction retains a similar tone to the first book – emphasising the basis of the diet in the regime of the U.S. air force, and its adherence to hegemonic forms of masculinity. However, throughout the remainder of the cookbook there is a notable shift in tone, as the potential for multiple readerships is implicitly acknowledged. Take for instance, the story of Carl L. used as a testimonial for the diet:

My business life sometimes looks like a long and vigorous succession of lunches. Last year I was 20 pounds overweight as a result. My wife and doctor bullied me into the starvation diet and soon I was lying to them and lying to myself. Like an alcoholic sneaking drinks, I would nibble surreptitiously at candy bars.⁶²⁸

This testimonial offers a traditional construction of male dieting, which sees the development of excess weight as resulting from one's socio-economic position, and the impulse to diet as emanating - not from vanity - but from medical and marital concerns. Yet one can also detect the fingerprint of the additional readership as it is also acknowledged that dieting men could seek food elsewhere - and by doing so undo the work of his wife, and so the need for the diet to be appetising as well as healthy is also underlined. Further indication that men are not the only audience of this book is demonstrated through the descriptions of how the dietary requirements are compatible

⁶²⁸ Jameson and Williams, *The Drinking Man's Diet*, p. 11.

with family life and the accompanying assurances about the nutritional quality of the food:

The tiresome job of counting grams of carbohydrates has been done for you, recipe by recipe, menu by menu, serving by serving, so that you can easily adapt them into your own and your family's tastes and needs.

Be assured too that all the recipes and menus given were planned and tested by professional home economists, and checked by nutritionists who believe sincerely that all food should be truly good to eat as well as good for you. I know you will enjoy using what they have written.⁶²⁹

The *Drinking Man's Cookbook* is actually written by the home economists mentioned in the extract with the recipes based on the rules outlined in the original book. References to the healthiness, ease, and the social adaptability of the recipes, as well as their 'professional' construction, are reminiscent of the *Good Housekeeping* recipes section, which always carried the same promise of quality and professionalism. Furthermore, it suggests that there was a need to allay women's concerns about the adaptability of the diet plan; sections of the cookbook included recipes for cocktail canapés, dinner parties, alongside assurances that during cocktail parties "whether you serve one type of appetiser or half a dozen, do show your guests that you cared enough to create something special for them."⁶³⁰ Unusually, the dieter is also not addressed directly within the cookbook (aside from in the introduction) but is referred to in the third person, implying that the individual reading the recipes is not expected to be the individual who is also dieting. Therefore, the (male) dieter to whom the book refers to is not the individual addressed in terms of the cooking and preparing of food; it would seem fair to assume that the intended recipient of the advice would be the dieter's wife. The development of two books, intended to work in tandem, reflects the recognition that advice targeted at men was mediated via their wives. It also highlights the existence of innate tensions in male weight loss literature from this period; most notably, between the men who read such manuals and their wives who were most likely responsible for finding ways to enact these dietary changes.

⁶²⁹ *The Drinking Man's Diet Cookbook*, ed. Cameron, p. 3.

⁶³⁰ *Ibid*, p. 4.

While women are implicitly understood - if not always explicitly recognised - as having an important role in the male orientated literature, in women's lifestyle magazines this was overtly discussed. Indeed, women were expected to be highly active in encouraging and supporting their husbands through the process. So natural was this role that *Good Housekeeping* would advise women how to manage their husband's calorie and fat intake in ways that didn't require their husband's knowledge or participation:

It is sensible ... to replace some animal fats with "polyunsaturated fats" such as corn oil, ways to do this without bothering him about it are to cook with corn oil instead of butter or dripping, serve lean meat with fat trimmed off, and use margarine with polyunsaturated fats (such as flora) instead of butter ...

As your chief aim in planning your husband's diet should be to keep his weight down, it helps to use less sugar in cooking, to use saccharine in tea and coffee and to serve cheese and biscuits instead of sweet pastries for dessert.⁶³¹

It is perhaps unsurprising that magazines such as *Good Housekeeping* wished to portray a wife's domestic role as both positive and central to their husband's lives. However, articles such as the one above go further; not only are women presented as having a positive role to play in their husband's diets, but they are even encouraged to make changes without consultation. Therefore, not only is the wife's role constructed positively, the suggestion that changes be made "without bothering him" implies that her interventions were such a natural part of the marriage dynamic that acting without consultation would be considered normal. Under such circumstances, men's responsibility for their own diets is almost entirely withdrawn as their diet-planning; wives take control and make changes as they see fit.

The explicit expectation, that part of women's wider domestic responsibilities was to manage their husband's diets, is underlined by two interviews conducted for

⁶³¹ Jane Vosper, 'How to keep your husband healthy', *Good Housekeeping*, vol. 98, no .5, November 1970, p. 112.

local radio in 1970 with men who had lost significant amounts of weight. In both instances, the men were interviewed with their wives, and in both instances the role of the wife in the development of overweight, as well as their role in the loss of weight, by their husbands was brought up by the interviewer:

Interviewer: Lynn, are you going to be helping your husband?

Lynn Carroll: Yes, we've been helping him right through, he started in June. There are certain foods that I just don't allow in the house at all.

Interviewer: So how are you going to be doing this, just keeping those mince pies out of his sight?

Lynn Carroll: Well I have to have them in because we are entertaining over Christmas, but we're going to ban him to the other end of the room!⁶³²

Pete, Lynn's husband, is presented as enjoying food, particularly traditional 'northern' foods like pies, and his weight gain is constructed as a natural reaction to his enjoyment of food. However, the interviewer also frames his weight gain as a response to getting married and directs many of his questions about altered habits, and their maintenance, towards his wife. It becomes clear that, from the perspective of the interviewer at least, that Lynn is perceived to be responsible for the situation and so Pete is reduced to a passive actor within the scenario. Again, given the vast changes in gender roles over this period, one might expect there to be a change in the marital roles presented in the literature, but the newly formed gender roles, post second wave feminism, still struggle to find solid ground within the literature.

Towards the later part of the 1980s, while women are not held entirely responsible for their husband's weight, within idealised portrayals of marriage and wifely duties, women were still presented as central to helping their husband's diet. *How To Shape Up Your Man*, published in 1986, illustrates how these expectations were shifting, if only slightly. The back cover introduces the two participants: Catherine, a

⁶³² 'Big Pete', 17th December 1984, North West Sound Archives, catalogue number: 1992.2709.

gym instructor who is 'concerned' about her husband's weight; and Neil, a Fleet Street journalist, who is 'overweight', 'unfit' and often 'tired'. In the introduction, Catherine acknowledged the potentially controversial nature of the book as she joked that she was aware that she faced the "wrath of every feminist in the country" by encouraging women to involve themselves in this manner.⁶³³ Through acknowledging the gendered nature of such an approach to male weight loss, it indicates an awareness of the imbalanced gender politics of holding women responsible for their husband's weight. Nevertheless, the book is targeted at women and continues within the tradition of female responsibility for male weight; although, in a modification of traditional approaches, the techniques women use to encourage reluctant partners are altered. Rather than sneaking changes into his diet without telling him, this manual suggests that wives cajole their husbands into losing weight:

Your first task is to persuade your man to get fit. This is no easy task. You obviously think he needs to be shaped up but he may be quite content as he is. He has probably become accustomed to his shape, his lifestyle, the way he feels. What is called for is the gentle art of persuasion.⁶³⁴

Recommending the direct, yet surreptitious, manipulation of a husband's diet (as was suggested in *Good Housekeeping* in 1970) is not suggested, although the idea that wives should instigate lifestyle changes on behalf of her husband for reasons of love and concern did remain. Therefore, the overt responsibility placed at the feet of women to take total control over their husband's diets may have lessened, but the more diffuse expectation that she might be working in the background to encourage lifestyle changes continues. Therefore, while men are allowed greater agency to engage in the process than one sees in earlier discussions of male weight control, the expectation that wives should take an active role in their husband's health and weight management indicates that traditional domestic frameworks continued to linger past the reformation of gender roles in the 1970s.

⁶³³ Mackwood, *How to shape up your man*, p. 6.

⁶³⁴ *Ibid.*, p. 8.

Whether it is a surreptitious intervention, or a negotiated change in dietary behaviours, one item is presented as causing particular problems for women trying to change their husband's diet; this item is beer. The 'Slimmer's Mirror', a dietary supplement to the *Daily Mirror* from 1982, noted this issues in the section entitled 'The Tubby Hubby Diet':

No doubt you would like hubby to lose that beer paunch of his. But how does he do it without giving up his favourite tippie?

Here is one way in which he can diet - and still have his daily pints. In fact, he will hardly notice he's being slimmed at all. You can serve his beer in smaller glasses to spin it out, and try to persuade him to switch from half pints of stout (210) to dry cider (100) or bitter (120).⁶³⁵

Intrinsic tensions about the way that women should be involved in their husband's diets that were developing towards the end of the period are highlighted here. It is noted that 'he' will need to be lose the weight himself, implying that his role is crucial within the process, although it is also clear that there is still an essential role to be played by women. After all, to not notice that one is being 'slimmed', other actors need to be actively working in the background. Therefore, while men's responsibility for diet was acknowledged, women's efforts continued to play a central role in popular understandings of how men might achieve significant lifestyle changes.

Learning to Tread Carefully: Men, self-consciousness and women's support in weight management

Despite the expectation that women would be in control of their husbands' diets, there were also rules, clearly demarcated within the literature, about how this interaction

⁶³⁵ 'The Tubby Hubby Diet', *Slimmer's Mirror: A His and Hers Guide to Fitness and Health*, Mirror Press, 1982, p. 17.

should be governed. Women who were overly strict with their husbands were warned about the negative effect that this could have on their relationship:

My husband always eats and drinks too much at this time of year [Christmas] and as a result suffers from hangovers and indigestion. I tell him he should exercise in moderation, cut back on his drinking, watch his calories and his waistline. If you overindulge, you just suffer for it.

Exasperated

Dear Exasperated,

*Everything you say is true, but you still sound like a cross between scrooge and an electricity cut. This time of year a little bit of what you fancy does you good and if you suffer for it afterwards, so what? Obviously, your husband intends to have fun, so why don't you too?*⁶³⁶

Women might have been expected to alter their husband's approach to diet and exercise through gentle persuasion or quietly behind the scenes, yet a direct confrontation is rarely advised. Indeed, women are often advised to be careful of denting the egos of their husbands through being overly critical:

My husband is 5ft 7in and far too fat. I hate his big round tummy and tease him about it whenever I can. He doesn't mind when we're alone, but hates it when I draw attention to his tummy in public. People would hardly notice, he says, because his suits are so well cut.

I know I'm being cruel, but I want him slimmed down. Don't you think that it's a good idea to be cruel to be kind?

Mrs. D

⁶³⁶ 'Lucy Ashton: Suffering for a reason', *Scottish Sunday Express*, 27th January 1980, p.18.

Dear Mrs. D. In your case the milk of human kindness has gone sour. If those well-cut suits conceal his girth why draw attention to it? Put him on a diet, that's the first obvious move, and a kinder way than those perpetual taunts.

*Anyway, fat tums can be sexy. Better watch out in case some girl is sneaky enough to tell your husband that.*⁶³⁷

In both of the examples above, the wife is warned against being overly critical of her husband, particularly in the latter when Mrs. D is cautioned that this could lead to her husband being unfaithful. Contained within such warnings, about men seeking the attentions of others if their wives are too direct or critical, is the perception that it is acceptable for Mrs. D to 'put' her husband on a diet, without reference to his own wishes. However, this should be balanced by sympathy for men's own self-consciousness about their appearance. Consequently, women were expected to make changes to their diets in which men had little control, but this needed to be done with reference to men's feelings, and criticism, especially in public, was considered inappropriate.

Body image features quite prominently in arguments as to why women should be careful in their endeavours to alter their husband's lifestyles, which is a further reminder of the impact of women in the contextualisation of male dietary advice. Within the literature aimed at men, there is little discussion about how men feel or others might perceive their body; instead it tends to focus on how men feel about their body's physical capacity and their fitness in comparison to others. Nevertheless, once a female readership is perceived, this normative masculinity begins to break down, and men's feelings about their body are constructed as more delicate, with comparisons drawn to the way women feel about their bodies. The following opinion piece from the *Scottish Sunday Express*, dating from 1960, summarises a report produced by the National Federation of Shop Assistants:

⁶³⁷ 'Lucy Ashton: Taking this weight off his mind', *Scottish Sunday Express*, December 17th 1980, p.16. These warnings are surprisingly common within the literature, see also: 'Lucy Ashton: Here's a real spoilsport!', *Scottish Sunday Express*, January 20th 1980, p. 18.

“Women like to plume themselves out in all kinds of colours and shades and think nothing of it”, says the report. “They forget that a man’s psyche needs as much of a boost as her own ... Maybe he is a tubby hubby, but do you have to tell the assistant that you are always urging your husband to hold his stomach in and that he should take more exercise instead of watching TV?”⁶³⁸

Shop assistants were, according to the report, concerned that wives dented their husband’s confidence by highlighting their flaws in public, particularly in front of other women. Thematically, this argument could be understood to underscore the threat illustrated elsewhere that wounded men might seek comfort in other women if their wives are too critical of their habits. Male pride and confidence are constructed within the literature as important, yet fragile, entities; therefore greater wifely care needed to be taken to taken to assuage his pride, particularly in public. Through acknowledging vulnerability, this vein of literature aimed at women does breakdown the hegemonic masculinities that are performed when an overwhelmingly male readership is assumed.

To consider this from a male perspective, however, the control that women have over the food consumed by their husbands does not go unchallenged. In the medical columns, where a male readership was assumed, wives are not presented as pushing healthier habits but as ‘temptresses’ offering delicious - but fattening - meals to their unsuspecting husbands, as exemplified by this extract from 1960:

Your wife at this very moment might be in the kitchen preparing you a luscious meal containing glistening fatty substances from which your body will, later, manufacture cholesterol. After you’ve finished your meal, perhaps you shouldn’t say, *“thank you darling”*, but instead, *“Honey you have poisoned me a little more today”*.

Women still think the way to a man’s heart is through his stomach. *How appallingly right they are*. Lovingly, ignorantly, they are serving you the equivalent of delicious arsenic.⁶³⁹

⁶³⁸ ‘Why women like their men to be drab’ (anon), *Scottish Sunday Express*, January 10th 1960, p. 13.

⁶³⁹ Cedric Carne, ‘Are you being killed by kindness?’, *Scottish Sunday Express*, April 10th 1960 p. 8.

Women, in this instance, are not seen as positive influences in men's health, but rather as encouraging indulgence through well meaning, but misplaced, acts of kindness - also illustrated in Fig. 6.4 - in a similar manner to women who overfed their children, particularly their sons.⁶⁴⁰ Indeed, the food that she is blithely serving her husband is so bad for him, it is pictured as poison. Nevertheless, the wider purpose of the above article was to warn men about particular dietary dangers and encourage them to take a



more active role in considering what they ate; in essence it was an attempt to engage men in the food they ate and take greater ownership over their diets. To achieve this, the article suggested that men needed to learn to resist temptation and develop a better understanding of their own needs so that they were in a better position to make healthier choices themselves. By recommending that men develop this basic understanding of their diets, it posited that, in this respect, men were partially

infantilised, with little working knowledge of this facet of their daily lives.

Fig: 6. 4. Cedric Carne, 'Are you being killed by kindness?', *Scottish Sunday Express*, April 10th, 1960 p.

8.

Underlying the statement above, that men needed to take greater control over their daily diet, is the suggestion wives may overindulge their husbands as a sign of misplaced affection. A slightly more common complaint from men, however, tended to be that their wives had put them on unpalatable 'rabbit food' diets. The following letter was published in 1976 in the *Scottish Sunday Express*:

Brainwashed. My taste buds are tickled by meat casseroles, so you can imagine how appalled I was when my wife was suddenly brainwashed by a vegetarian. She maintains that the world's loveliest women are geared towards the meatless diet that she now advocates.

⁶⁴⁰ A similar argument is made elsewhere in this thesis, with reference to women's roles in encouraging overweight in children, for more information on this refer to Chapter 3.

How can I convince her that a vegetarian diet doesn't necessarily make you beautiful?

Famished

Dear Famished – Tell her that the most successful vegetarian in the world is an elephant!

Mark you, if your wife is into the vegetarian scene she probably won't listen to a word you say, so try some action. Next time your wife is making nut cutlet, fry some bacon, onions, mushrooms, or fillet steak. There's nothing like a savoury smell to weaken a women's willpower!

*P.S. Yes, I do applaud vegetarians, it's just that I don't think that they should inflict their ideas on their families.*⁶⁴¹

Whilst 'Famished' is offered an active solution to his dilemma, within his own letter he does present himself to be at the mercy of his wife's dietary whims, thereby reinforcing the portrayal of men as largely impotent against the control that their wives have over food preparation. Another example of the male problem of finding ways to get their wives to cook their preferred (if less healthy dinners) comes from an edition of 'All in a Doctor's Day' from 1976:

Dudley Howe glared at his breakfast. Half a grapefruit and a slice of toast no butter. "I've been poisoning you" said Shirley Howe to her husband Dudley. "No more fatty bacon or eggs for you"... But Dudley Howe didn't want to cut out his bacon and eggs, or his steak and sauté potatoes or cream in his coffee. Even though he was no longer the slim young man Shirley had married, he didn't want to be the middle-aged Mr Universe.⁶⁴²

⁶⁴¹ 'Lucy Ashton: Rabbit food', *Scottish Sunday Express*, 23rd May 1976, p. 20.

⁶⁴² Cedric Carne, 'All in a doctor's day: cutting down the 'daily poison'', *Scottish Sunday Express*, April 25th 1976, p. 4

In this narrative, after seeking, but finding no support, for his complaint he docilely submits to these changes but with a plea to be allowed a little bit of 'poison' occasionally. Lack of masculine power occurs again in this matter; because women are understood to be in control of food preparation then male power is diminished, almost to the point where the role of the husband is not so dissimilar to that of a child within the family.



Fig. 6.5. Garry Appleby, 'The weekend Gambols', *Scottish Sunday Express*, June 26th 1960, p. 37

Conclusion

Cultural interpretations of the 'masculine' response to weight control and caring for one's body offer a unique example of the conflicted way that men could be represented in the post-war period. Manuals written by men, for men, projected a traditional, powerful, socially respected, and physically commanding male body. Yet the reason for a highly normative construction of masculinity in such manuals resides in the compromised position that weight control (or more specifically, dieting) held in the period. The literature highlights that this compromise emanates from an unwillingness to outwardly acknowledge feelings of self-consciousness about one's body or appearance. So embedded is the fear of feminisation, that any association with the feminine project of dieting is rejected by male authors writing for a male audience. This leads to a primacy of advice that focuses, not on diet, but on the sculpting of the body through fitness, and the ability to compete with others in a physical context.

Different forms of normative masculinities are visible within the weight management literature, yet they all exhibit some form of hegemonic masculinity, be it

wealth, power, status, or embodying the breadwinner role. Adherence to dominant forms of masculinity were also visible through the leisure activities of the men portrayed - such as drinking alcohol. However, the idealised expectation of the heroically fit male body is contrasted with the more complex identity portrayed in the literature aimed at women. Fig. 6.5 demonstrates these tensions, we can see that George might be overweight but he is not self-conscious until the prospect of a photo occurs, at which point he moves so that the photograph is taken from a more flattering angle and so that he can suck in his belly before the photo is taken; thereby playing on an awareness that men were self-conscious about their bodies and how they might be presented in public. Self consciousness about one's appearance remains unusual within the literature produced for a male audience; yet in publications where women are likely to read the advice as well as men, the breakdown of the established masculine roles, developed in the dietary and fitness manuals solely targeted at men, occurs.

Women feature prominently within popular understandings of masculinity and weight loss, although they do appear in many guises. The first configuration in which they appear is as the cause of overweight, particularly in their role as skilled home cooks, or as encouraging a domestication of the bachelor, who swaps sports and an active lifestyle for sedentary domestic activities. It was evidently accepted that men would relinquish control over their diets once they were married, and that their wives would assume this role - although this meant that they also became liable for ill health or excess weight. As a consequence of this responsibility, the strand of literature that most commonly offered direct information on men's diets was not within publications aimed at men, but in those aimed at their wives. Therefore, a tension developed as to who would instigate such changes and how this would occur. Within the context of male orientated literature, it created a silence on the practicalities of food choices and preparation, because the implicit understanding was that men would have little space to act upon this advice. Women who sought advice about how to 'manage' their husbands offer a further indication of the disconnect that existed between men and their daily diet. It was perceived to be a natural part of women's domestic responsibilities that they would 'put' their husbands on diets, or surreptitiously make changes to their habits, and that this might be done without negotiation. As a result, men were largely powerless within this aspect of domestic life; indeed the process of

feeding one's husband was not presented as different, with regards to the agency involved, to feeding one's children.

The story of male weight control is therefore one of opposites, the literature aimed at men offers a male protagonist – who is generally powerful, from an elite social strata; he is able to command those around him, as well as garner their respect. The second story reminds women of the self-consciousness in men, and so part of women's domestic duty was to learn how to direct their husband's diet but also be mindful that they were caring for fragile beings. From a feminine perspective, the debate remained embedded within a discussion of how they might best engineer, coax, or encourage particular dietary behaviours; and within such frameworks men were passive participants whilst women's responsibility took centre stage. As a consequence, male autonomy is subverted and, in this domestic circumstance, men have very little power – to the point where they are left to make pleas to their wives to be allowed to enjoy their favourite beer or pie.

Conclusion

The lament that began this thesis spoke of a young girl who, despite her attempts to diet, had failed in her quest to control her weight. It was not an external or rationalised influence that informed her that she had a problem, but her conscience that whispered of her weakness and lack of determination. Resolve to start anew by developing greater willpower, and regret about her dietetic faults, refer to the two main themes that have underpinned this thesis; and it is these themes which offer a novel contribution to the understandings of health and weight in Britain since 1950. The first theme is the post-war emergence of discourses of neo-liberal self-governance as a way of controlling weight in the population; the second theme is the way that gender encases the web of responsibility that surrounded overweight bodies in the period 1950 to 1995.

An analysis of the process through which individual self-control was fused into institutional responses to obesity was central to the first three chapters. The first chapter illustrated how public health frameworks regarding nutrition evolved after the Second World War; from a welfare state model that responded to the problems created by poverty and malnutrition, to a socio-economic model where obesity (as a disease of affluence) was the greater problem - a problem that could only be solved by the development of internal systems of self-control. Medicine's intervention in the body was spurred by the evolving scientific understanding of the relationship between obesity and chronic illnesses, particularly heart disease. This relationship contributed to the state framing excess weight as a pressing public health concern, and, for a time, led to greater medical intervention in cases of obesity. Or, more specifically, this combination of factors led to privileging the removal of fat from the body over broader health concerns, until the late 1970s when a more holistic approach to body weight was developed. Holistic approaches to weight control, which included considering how emotions might influence eating patterns, were a consequence of the feminist intervention in weight control. However, criticisms of dieting from the women's movement had the unexpected consequence of tightening the focus on individuals, as people now needed to learn to regulate their emotions in order to control their weight, thereby further embedding weight management within the bounds of personal control.

Obesity in childhood could be considered an archetypal example of the way that body weight governance was evolving to become an individualised concern. Children might traditionally be understood to occupy a position whereby responsibility for the self is mediated via institutions or other individuals, who take responsibility for the choices that they make. Until the 1980s, it is evident that mothers were considered to be the central force that shaped children's eating habits. However, during the 1980s and 1990s, the role of women as intermediaries for children's self governance was broken down, as health education increasingly encouraged children to develop their own (dichotomised) understandings of healthy behaviours. Therefore, it can be argued that the more evident it became that obesity was a matter of considerable public concern, the more the solution for controlling body weight was framed through the internal world of self-governance.

Gender, as a key site through which the personal politics of body identity were formulated, tied together the final three chapters of this thesis. Here too, the unintended consequences of the interventions of second wave feminism are visible. The greater understanding of the emotive relationship that women might have with food, which was encouraged by feminist principals, was, in popular and commercialised discourses, recast to see overweight women as individuals whose weight was a visual symbol of their unhappiness. Therefore, although feminism highlighted the potentially damaging perception that dieting was a project that illustrated the failed self, this perception served to further embed dietary discourses within gendered bounds and extend the boundaries of neoliberal self-governance in a highly gendered manner. The fifth chapter illustrated some of the techniques that were used to reproduce expectations regarding dietary control in women; with the added dimension of lifecycle factors. Histories of the weighted self were often intimately tied into key life events for women, such as marrying and having children. Learning to restrict ones diet was presented as a mature response of younger girls, whereas weight gain after marriage was tied to the experience of undesired aging. Advice tended to assume that women would seek to minimise the passage of time on their bodies by recapturing the slender bodies of their youth. For women, weight gain was bound with the feminine body, which served to underpin the various ways that dieting was conceived to be a woman's endeavour.

Women formed the central pillar of weighted responsibility, around which others were directed in the post-war period. They were expected to marshal their own desires and control their weight, but they were also seen as responsible for the body weights of their children and husbands, in their capacity as household managers. Discourses of masculinity of the period 1950-1995, tend to assume that men were active and rational beings; that they had the means to control their own lives.⁶⁴³ Analysis of the weight management literature regarding male weight control, however, serves to subvert this traditional understanding. Men were expected to act rationally with regards to their weight, in so far as they are expected to be motivated by a desire for improved health, especially when weight loss was recommended by a member of the health profession. However, attempts to control one's weight occur in conjunction with a heightened form of hegemonic masculinity. This hyper-masculinised approach runs through the dietary advice aimed at men, which seems to underscore the idea that men were not culturally invited to participate in dietary restriction to the same extent as women. For those men who did follow such rules, a compensatory form of masculinity was also expected. Paradoxically, traditional male roles - which are based on an understanding of male power - are inverted in weight management literature because women are understood to be in control of their husband's diets, occasionally to the extent where the slimming is performed on him without his consent. This inversion of the active male role is unusual, and places men in a seemingly compromised position where they are found surreptitiously eating their favourite unhealthy snacks in a manner not altogether different to children quietly sneaking extra biscuits from the tin.

A seam that runs throughout the literature is the meanings that can be drawn from cultural silences that exist in the weight control literature from the period. These silences have three strands, the first is the absence of literature on race and body weight. Ethnicity is understood to be a factor in determining excess weight in contemporary society, yet references to weight differentials amongst ethnic groups are absent for the entirety of the period.⁶⁴⁴ Lack of references to the economic rationale

⁶⁴³ For further discussion of the rational male self and the assumed domination of the mind over the body in the rational, enlightened male, as applied by Descartes, and the challenge of feminism, see: Victor J. Seidler, *Unreasonable Men: Masculinity and Social Theory* (London: Routledge, 2013), esp. pp. 7-12.

⁶⁴⁴ The National Obesity Observatory released a report in 2011, which detailed how the prevalence of obesity differs between ethnicity minorities and the white population. Obesity rates tend to be higher in those from West African countries and lower in those with a Chinese background. http://www.noo.org.uk/uploads/doc/vid_9444_Obesity_and_ethnicity_270111.pdf accessed 13th January 2015.

behind the food choice that people make, forms the second silence woven into the literature; existing logic dictated that poverty was related to malnutrition and obesity to affluence. As a result, the practical factors that influence the foods that people eat are eschewed in favour of a view that saw individuals as lacking in self control. The final silent fissure, exposed by the circuitous way that male experiences of weight control were found for this thesis, is the lack of literature directed at men. It was only through considering literature aimed at housewives that a more textured picture of the male approach to weight loss could be developed, which does itself hint at the complex circumstances in which the health of the family was forged. Reasons why these silences occur are found in the middle-class perspective embedded within the literature, which assumed that weight advice was of most use to middle class households managed by women. Furthermore, weight control literature is, by its nature, a normalising discourse and this seems to result in a narrow, and somewhat conservative, cultural portrayal. The fact that women were still framed as managers of their husband's diets by the middle of the 1990s would seem to suggest a continued understanding of family life that relied on traditional gender roles.

Silences in the literature can be perceived as cracks through which potential research paths are glimpsed. This thesis has shown the outer life of weight management, the idealised visions of the self that are created for public display. Buried beneath these outward expectations is the undercurrent of private and lived experiences of the body, and controlling its weight. Future research in this field might be best served by following these currents, as a way of considering the internal world of health management. A particularly fruitful area of potential research would seem to be the gendered boundaries of self governance that seemed to exist between husband and wife during the period 1950 to 1995. Even towards the end of the period in question here, and after the intervention of second wave feminism, men are still not invited to participate in health management to the same extent as their calorie counting wives. It would be possible, for instance, to build on Angela Davies' recent work on the family and motherhood since 1945 by focusing on health management as a specific prism through which broader questions about family life and gendered nature of the body politics might be considered.⁶⁴⁵ A project along these lines would be best supported by

⁶⁴⁵ Angela Davis, *Modern Motherhood: Women and Family in England, 1945 – 2000* (Manchester: Manchester University Press, 2012).

oral history, as it would offer the opportunity to consider how these outward idealised representations are matched with the lived experiences. It is through such sources that the power dynamics of familial relationships (with consideration of the way that they interacted with economic, community and material factors) might be further explored.

In its original conceptualisation, it was anticipated that this thesis would provide a counterpoint to the dominance of women's stories within the existing literature of dietary management. Over the course of researching this thesis, it became evident that women's stories were vital, not only as the social group most pressed upon to manage and control their weight, but also as guardians of health in wider society. Women were entreated to develop effective processes for controlling her dietary habits, which were important, not only for achieving her own social or personal ambitions, but to demonstrate her effectiveness as a wife and mother. Despite the gains made during the 1970s and 1980s, understandings of the female body and the frameworks of domesticity seemed to remain largely intact, albeit it with slight linguistic shifts towards the role of health and wellbeing within dietary discourses. Furthermore, whilst women were encouraged to enhance their understandings of the emotional base that lay underneath their relationship with food, this was, in many ways, co-opted into the theme of self-governance that already existed; except that now, one had to demonstrate improved emotional governance, alongside improved behavioural control.

Towards the end of the 1980s, there are signs that some pressures regarding food were partially released from their ties with motherhood, as everyone, regardless of sex or age, was encouraged to feel responsible for their consumption practices. The desire to engender feelings of personal responsibility was a reflection of the broader concerns of public institutions that saw obesity as a threat to social, political, and economic stability. These fears over obesity led health promotion down a difficult path; as feminism was seeking to improve women's emotional relationship with food, health promotion in schools was in danger of promoting a dichotomous relationship with food that was partly derived from publicly prompting feelings of guilt and shame in children. Nevertheless, the quest to improve the health of the populace remained filtered through women as arbiters of health, and the resultant social and cultural pressure for women to maintain a socially acceptable body shape for themselves, and those around them, continued to thrive. It is for these reasons that, despite increasing political concern about obesity, the pressure exerted by political institutions does not seem able

to match the internal pressures crafted by various sources. For women, effective weight management, for themselves and their family around them, was deeply rooted in a romanticised vision of a happy and successful family life.

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